



HOLLAND COUNTY COUNCIL
Lincolnshire

ANNUAL REPORT

on the

COUNTY HEALTH SERVICES

1972

County Medical Officer of Health

J. FIELDING, M.D. D.P.H. M.F.C.M.

County Hall, Boston

Telephone : Boston 2281

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HEALTH COMMITTEE

Chairman :

Councillor C. F. Hotchkin.

Ex-Officio Members :

Alderman H. E. Chappell,
Chairman of the County Council.

Alderman R. Pocklington, M.B.E.,
Vice-Chairman of the County Council.

Councillor C. F. Ford,
Chairman of the Finance Committee.

County Aldermen :

Grounds, Lt.-Col. G. A. Clark, Mrs. F. (Vice-Chairman)

County Councillors :

Abbott, T. F.	Peck, C. H.	Valentine,
Chamberlin, G. S.	Upsall, R.	Mrs. E. M.
Cragg, Rev. J. G. H.	Towell, Mrs. H.	Walt, Mrs. M. L.
Gale, D. J.	Stevenson, H.	Wray, R. A.
Parker, J. J.		

Added Members :

Mrs. J. Paine	...	...	Appointed by Care Committee.
Dr. N. G. Spencer	...	...	Appointed by Lincs. (Holland) Local Medical Committee.
Mr. R. Day, M.P.S.	..	...	Appointed by Lincs. (Holland) Pharmaceutical Committee.
Mrs. M. M. Couch)	...	...	Appointed by Lincs. (Holland)
Dr. J. S. Rivers)	...	...	Executive Council.
Mr. R. Day, M.P.S.	...	...	Appointed by the Boston Group Hospital Management Committee.

STAFF OF HEALTH DEPARTMENT

County Medical Officer of Health :

Fielding, J. - M.D., D.P.H., M.F.C.M.

Deputy County Medical Officer : Vacancy.

Senior Medical Officer :

Hird, G. - M.B., Ch.B., D.P.H. (Mixed and Combined appointment).

Departmental Medical Officer :

(Mixed and Combined Appointment—Vacancy).

Other Medical Staff (Part-time—Sessional) :

Barrie, Wilhelmina J. - M.B., Ch.B.

Breese, J. E. - M.R.C.S., L.R.C.P.

Cope, J. T. - M.R.C.S., L.R.C.P., M.B., B.S.

Crockatt, R. E. - M.B., Ch.B.

Dillon, Helen - M.B., Ch.B.

Dutton, A. J. - M.B., Ch.B.

Geoghegan, P. J. - M.B., Ch.B.

Hamilton, Lilian M. - M.B., Ch.B. (D.P.H., Toronto).

Hewat-Jaboor, D. F. - M.B., Ch.B.

La Touche, D. Digges - M.B., Ch.B.

Pigott, Janet B. - M.B., B.S.

Roberts, G. - M.B., Ch.B., B.Sc.

Walker, G. - M.R.C.S., L.R.C.P.

Walt, F. - M.R.C.S., L.R.C.P.

Walton, A. - M.B., B.S.

Wright, N. S. - M.B., B.S.

Dental Officers (for County and School work) :

Principal Dental Officer—K. Jackson, L.D.S., R.C.S.

Area Dental Officer—P. W. Smith, L.D.S., R.C.S.

Dental Officer—Vacancy.

Director of Nursing Services :

Guttman, Miss C. E. - S.R.N., S.C.M., H.V. Cert., Q.N.

Area Nursing Officers :

McCallum, Mrs. A. L. - S.R.N., S.C.M., H.V. Cert., Q.N.

Taylor, Mrs. P. J. - S.R.N., S.C.M., H.V. Cert., Q.N.

(Resigned 10.9.73).

Health Education Officer :

Farr, Miss L. M. - S.R.N., S.C.M., H.V. Cert., Dip. H.E.

Health Visitors :

- Beaumont, Mrs. P. A. - S.R.N., H.V. Cert. Part-time.
 Bishop, Miss M. - S.R.N., H.V. Cert. (Resigned 31.5.73).
 Broughton, Mrs. A. Q. - S.R.N., S.C.M., H.V. Cert. (Resigned 31.5.73).
 Cowlshaw, Mrs. E. - S.R.N., S.C.M., H.V. Cert. Part-time.
 Dean, Mrs. V. M. - S.R.N., S.C.M., H.V. Cert. (Appointed 24.9.73).
 Dunnington, Mrs. C. J. - S.R.N., H.V. Cert. (Appointed 2.7.73).
 Gosling, Mrs. M. J. - S.R.N., S.C.M., H.V. Cert.
 Gray, Mrs. B. M. B. - S.R.N., S.C.M., H.V. Cert.
 Kingston, Mrs. B. R. - S.R.N., S.C.M., H.V. Cert.
 Kingston, Miss M. A. - S.R.N., S.C.M., H.V. Cert. Part-time.
 Mottley, Miss A. - S.R.N., H.V. Cert. Resigned 30.9.72).
 Mowbray, Miss K. H. - S.R.N., S.C.M., H.V. Cert. (Appointed 17.9.73).
 Peak, Mrs. M. - S.R.N., S.C.M., H.V. Cert. (Appointed 1.6.73).
 Philips, Miss E. M. - S.R.N., S.C.M., H.V. Cert. Part-time.
 Smith, Mrs. B. T. A. - S.R.N., S.C.M., H.V. Cert. (Resigned 28.2.73).
 Southwell, Miss E. R. - S.R.N., S.C.M., H.V. Cert.
 Spinelli, Miss R. T. - S.R.N., H.V. Cert. (Appointed 1.9.72).
 Stanley, Miss M. A. - S.R.N., S.C.M., H.V. Cert.
 Wheatley, Mrs. M. - S.R.N., S.C.M., H.V. Cert. Part-time.
 Wilford, Miss T. S. Y. - S.R.N., S.C.M., H.V. Cert. (Appointed 24.4.73).

School Nurses :

- Chapman, Mrs. M. - S.R.N.
 Hayler, Mrs. V. - S.R.N. (Resigned 31.8.72).
 Tookey, Mrs. M. A. - S.R.N.
 Gibbs, Mrs. A. M. - S.R.N.
 Rowbottom, Mrs. J. R. - S.R.N. (Resigned 31.8.73).
 Skelton, Mrs. M. A. - S.R.N., S.C.M.

Clinic Assistants :

- Dodd, Mrs. J. M. - Spalding.
 Lightowler, Mrs. M. J. - Long Sutton. (Appointed 2.10.72).
 Mayes, Mrs. U. - Holbeach.
 Stainton, Mrs. A. - Boston

Physiotherapist :

- Head, Mrs. A. M. (Part-time).

Geriatric Nurses :

Blaylock, Mrs. V. E. - S.R.N. Part-time.
 Clark, Mrs. O. A. - S.R.N., Q.N.
 Dickinson, Mrs. D. M. - S.R.N. Part-time. (Appointed 4.9.72).
 Hunt, Mrs. J. - S.R.N. Part-time.
 Needham, Mrs. K. M. - S.E.N. Part-time. (see also under District Nurses).
 Petchell, Mrs. M. - S.R.N., Q.N.
 Panton, Mrs. D. M. - S.E.N. Part-time. (Appointed 11.6.73). (See also under District Nurses).
 Whiteley, Mrs. I. C. - S.R.N. Part-time. (Appointed 14.5.73).

District Midwives :

Bailey, Miss E. A. - S.R.N., S.C.M.
 Gray, Miss J. - S.R.N., S.C.M.
 Johnson, Mrs. M. R. - S.R.N., S.C.M.
 King, Mrs. E. A. - S.R.N., S.C.M.
 Leggott, Miss N. - S.R.N., S.C.M.
 Sauntson, Mrs. V. - S.R.N., S.C.M.
 Sleight, Mrs. D. E. - S.R.N., S.C.M.
 Wilson, Mrs. M. G. - S.R.N., S.C.M.

District Nurse/Midwives :

Adams, Mrs. E. S.R.N., S.C.M. (Resigned 31.7.72).
 Belcher, Mrs. E. - S.R.N., S.C.M.
 Brotherton, Miss B. M. - S.R.N., S.C.M.
 Diggle, Mrs. M. M. - S.R.N., S.C.M.
 Gill, Mrs. P. O. - S.R.N., S.C.M., Q.N.
 Page, Mrs. A. - S.R.N., S.C.M.
 Palmer, Miss R. M. - S.R.N., S.C.M., Q.N.
 Philo, Mrs. E. - S.R.N., S.C.M.
 Start, Mrs. P. - S.R.N., S.C.M.
 Swift, Miss B. - S.R.N., S.C.M.
 Johnson, Miss A. C. M. - S.R.N., S.C.M. (Appointed 3.9.73).

District Nurses (Home Nursing) :

Alluzi, Mrs. S. A. - S.E.N. Part-time. (Appointed 25.9.72).
 Brown, Mrs. A. E. - S.R.N. (Appointed 1.11.72).
 Burn, Miss D. M. - S.R.N., Q.N.
 Dring, Mrs. K. M. - S.E.N. Part-time. (Appointed 16.10.72).
 Green, Mrs. D. A. - S.R.N. (Appointed 20.11.72).
 Hill, Miss J. E. - S.R.N.
 Hillman, Mrs. G. - S.R.N.
 Masterson, Mrs. C. M. - S.R.N., Q.N.
 Needham, Mrs. K. M. - S.E.N. Part-time. (See also Geriatric Nurses).
 Newey, Mrs. M. E. - S.R.N. Part-time. (Appointed 20.11.72).
 Orbell, Mrs. E. - S.R.N. (Resigned 31.7.72).

Ruffles, Mrs. J. - S.R.N. (Appointed 28.8.72).
 Sanderson, Mrs. F. E. - S.R.N.
 Skells, Miss D. J. - S.R.N., Q.N.
 Thompson, Miss M. A. - S.R.N.
 Watts, Mrs. J. - S.R.N., S.C.M.
 Panton, Mrs. D. M. - S.E.N. (Appointed 11.6.73). Part-time.
 (See also Geriatric Nurses).

Nursing Auxiliaries (Bath Attendants) :

Beecham, Mrs. J. A.
 Franklin, Mrs. E. P.
 Hare, Mrs. B. D. (Appointed 25.6.73).
 Janickyj, Mrs. P. O. (Appointed 3.9.73).
 Marriott, Mrs. L. J. (Appointed 13.8.73).
 Millard, Mrs. B. I. (Appointed 12.6.72).
 Richards, Mrs. M. A.
 Shipp, Mrs. P.

Chiropodists :

Hughes, Mr. N. H. - M.Ch.S., S.R.Ch. (Liaison Officer).
 Beaumont, Mr. J. M. - M.Ch.S., S.R.Ch.
 Golding, Mrs. P. - M.Ch.S., S.R.Ch.
 Green, Mr. J. - M.Ch.S., S.R.Ch.
 Healy, Mr. P. M. - M.Ch.S., S.R.Ch.
 James, Mr. E. S. A. - M.Ch.S., S.R.Ch.
 Narborough, Mr. M. A. - M.Ch.S., S.R.Ch.
 Pearson, Mr. F. M. - M.Ch.S., S.R.Ch.
 Roseberry, Miss W. - S.R.N., M.Ch.S., S.R.Ch.
 Sandall, Miss M. T. - M.Ch.S., S.R.Ch.
 Taylor, Mr. T. B. - M.Ch.S., S.R.Ch.
 Pain, Mr. S. R. - M.Ch.S., S.R.Ch.
 Stemberg, Mrs. E. J. - M.Ch.S., S.R.Ch.

County Health Inspector :

Allenby, Mr. G. R. - M.S.I.A. (Resigned 1.3.73).

Senior Teacher of the Deaf :

Mutch, Mr. D. G. - B.A.

Public Analyst :

Forbes, Mr. D. G. - B.Sc., F.R.I.C.

County Ambulance Officer :

Smith, Mr. C. E.

Welfare Foods Officer :

Barlow, Mrs. D.

Senior Administrative and Clerical Staff :

Holmes, Mr. D. E. - D.M.A.
 Parlabeau, Mr. J. E.
 Kirk, Miss S. (Appointed 24.4.72).

Chief Administrative Assistant :

Cowan, Mr. H.

Mr. Chairman, Ladies and Gentlemen,

I have the honour of presenting the Annual Report on the work of the Health Department for the year 1972, a year in which the nursing profession engaged in the services of Local Health Authorities finally emerged, as an independent profession, gaining equal partnership with the members of the hospital based nursing staff, recognised nationally through the Mayston or Salmon structures. Contributing ideas for the wider use of nurse resources, in the rapidly changing setting of district or hospital, with the deployment of the various nursing and ancillary disciplines. As the attachment schemes develop, embarking on problems of County boundaries adjacent to Holland with mutual goodwill to help the patients of the family doctors.

The professional relationships between the Local Health Authority nursing staff and staff of all hospitals is soundly based, this did not just happen or evolve, hard consultative effort on both sides over recent years, prior to thoughts of re-organisation, have achieved a deeper understanding of a patient's needs, and of the family at the time of return to home and of action required.

Leadership was neither sought nor found, it was there readily available working steadily on, making progress year by year with the helpful and understanding support of the members of the Health Committee and Boston Group Hospital Management Committee.

Public tribute is now paid to Miss C. E. Guttman, Director of Nursing Services, the Area Nursing Officers and staff, and to Miss B. Conway, Principal Nursing Officer, Group Headquarters, Nursing Officers and staff for their contribution to the nursing services of the County of Holland.

The School Health Service will pass from the patriarchal control of the Education Committee to a new and more distant authority, fulfilling the wishes, if not the prophecy of the County Council. It was resolved in 1908 that this service should be borne out of Imperial Funds and the resolution was transmitted to all other County Councils in England and Wales.

In 1912 the County Council accepted a scheme to provide facilities for the prevention and treatment of tuberculosis, the

events of history delayed the purchase of Norton House until 1920.

There was indeed leadership of old, members elected who gave support, looking always to the future. The 1920's witnessed ideas with movement, a laboratory was incorporated in the new County Hall, the first technician must have been a lonely pilgrim.

Diphtheria immunisation was mooted. This advance, however, was not within the province of the County Council. Much later divided control was bludgeoned into action by the then County Medical Officer, to prevent recurring outbreaks.

Two dentists were provided with mobile dental units and tried to implement Dental Health Education, as we still attempt to do so.

In 1930, as part of our overall Maternity and Child Welfare Scheme, the place of the Home Help is mentioned. Clinics were built in Donington, Holbeach and Spalding in the mid 1930's. With the further events of history the County Council established hospitals ; all but one still function. Of the inheritance of the Poor Law, the Boston Institution is mooted, Spalding Institution has been swept away. The Architects of earlier generations had a good eye for sites, Fleet remains functioning for the mentally handicapped.

In 1972 the County Council agreed to take part in consultations as an integral part of the National Health Service Reorganisation Management Study. Area and Regional Joint Liaison Committees have been established, Working Parties with sub-groups ensued. Collaboration is being undertaken at National level the intention being that the new County Council should receive an equivalent share of medical, nursing, paramedical and administrative resources in order that the services developed in the past can continue to function at the best possible level.

The County Council has taken a lively interest in the programming of seven Health Centres, trying to fulfil the wish of the Secretary of State that the Health Services should be maintained and developed where possible. In this programme there has been full support from the Holland (Lincolnshire) Execu-

tive Council, including the help from the erstwhile Clerk, Mrs. N. Bell and her successor Mr. K. S. Allthorpe.

The second Health Centre became functional at Old Leake on 29th May, 1973, the third is now being built fronting the main road, Sutton Bridge. The Boston Health Centre is being planned to be built on the Lincoln Lane Development Area, Crowland Health Centre on the Snowden Field. Sites are being expored in Kirton and Gosberton.

I quote from my immediate predecessor, written in 1947 in respect of the National Health Service Act 1946, "everything possible is being done to keep the service at the highest point of efficiency and we shall not be ashamed of them when they are transferred".

To you Alderman H. E. Chappell, Chairman of the County Council, Councillor C. F. Hotchkin, Chairman and Members of the Health Committee, there is a deep sense of gratitude for the help sustained in times that are difficult, for understanding and good humour.

I am,

Yours very sincerely,

J. FIELDING.

The Health Department.

It is the intention of Parliament to reorganise The National Health Service. From 1st April, 1974, the medical, nursing and paramedical services which are now the responsibilities of the Health Committee and Education Committee will transfer to Area Health Authorities.

In the closing months of the present era, which began in July 1948, perhaps it is now opportune for the purposes of record, to go back to the early moments in time of the County Council, as the same closing months are now bearing witness to the concept of The New Lincolnshire.

Quarterly meeting, held on 27th January, 1908, the Education Act 1907, Medical Inspection of Children. The Circular Letter from the Board of Education having been discussed, it was thought considerable expense must be incurred by the County and that with a view to remedying the injustice of such expense falling on the Local Rates, the County Council be asked to pass a resolution urging upon the Board of Education and the Chancellor of the Exchequer that such expense should be borne out of the Imperial Funds and not by the Local Rates. It was so resolved with a copy to the Chancellor of the Exchequer, Board of Education, County Councils Association and all other County Councils in England and Wales.

The first mention of the office of County Medical Officer was at this same meeting in 1908. It was resolved that as at present advised and in the present uncertainty as to the Fund out of which the expenses in connection with the Medical Inspection of School Children will be borne, this County Council is not prepared to appoint a Medical Officer of Health, but leave the Education Committee to make the best temporary arrangement for complying with the statute relating to the Medical Inspection of Children that they find practicable.

In May 1909 the Education Committee appointed Dr. Arthur Wren Tuxford, as School Medical Officer to undertake from 1st July 1909, the organisation of a scheme for medical inspection and to carry out the inspections throughout the County. Until this time the work of Medical Inspection was carried out by the Medical Officers of Health of the four rural and four urban districts constituting the Administrative County for the purposes of elementary education.

Thus began the search for children with defects of speech, hearing, vision and those mentally or physically handicapped. Two deaf children were being educated at the Yorkshire In-

stitution for the Deaf and two blind children, one in Yorkshire, the other in Norwich. The sanitary conditions of the schools came under close scrutiny, including water supplies.

Towards the end of 1912, two school nurses were appointed, one in Boston and the other in Spalding, chiefly for the purposes of following up defects discovered at medical inspections. By July 1914 Eye Clinics were under way, Mr. W. G. Laws, F.R.C.S. attending, a representative from the Chemists in Boston and Spalding available for the provision of glasses, the parents being most co-operative in meeting the cost.

Meeting of the Housing and Town Planning Act Committee on 14th September, 1910.

Discussion on the provision of Section 68 of the Housing and Town Planning Act 1909, which require that every County Council shall appoint a Medical Officer of Health, also the Order of the Local Government Board dated 29th July, 1910, prescribing the duties of the County Medical Officer of Health having been carefully considered, recommend the appointment of Dr. Arthur Wren Tuxford, School Medical Officer, as Medical Officer of Health for the Administrative County of the Parts of Holland.

The above confirmed 23rd January, 1911, and duties to commence 1st April, 1911. In the first Annual Report published in June 1912, Dr. Tuxford drew attention to the place of Bacteriology in Diagnosis and matters on the prevention of Tuberculosis, reporting 255 deaths of infants under one year of age, from all causes.

Membership of the Clinical Research Association achieved a bacteriological service and in 1912 the County Council accepted a complete scheme to provide facilities for the Prevention and Treatment of Tuberculosis, including the joint appointment of a Tuberculosis Officer with Kesteven and a joint sanatorium with Lindsey, Kesteven, Grimsby to contain 100 beds.

For this several sites were inspected, Roughton Moor being most suitable. Unfortunately considerable opposition to the scheme was manifested in the neighbouring health resort, Woodhall Spa.

Special reports were submitted by the County Medical Officer in 1918, one on a County Nursing Scheme and the other on provision for Midwifery in Urban Districts.

An Infant Welfare Centre with ante-natal facilities was opened by the Boston Corporation in High Street in charge of

a Midwife on 31st May, 1919, and in the same year the disused Blue Coat School, Spalding was considered for use as a Tuberculosis Dispensary and School Clinic. Dr. Tuxford pays tribute to Mr. W. Ingram in his Annual Report for 1920, as did all succeeding County Medical Officers for his untiring work as Chief Clerk, keenly aware of gaps in the services especially in the then training of the Mentally Handicapped.

Again in 1920 Norton House, London Road, Boston was purchased to be used as the Holland Sanatorium, this function lasted twenty years, the building with the Orthopaedic Block and Nurses' Home were absorbed into the Emergency Medical Services, eventually transferred to the Regional Hospital Board in 1948, and now functions as the London Road Hospital for medical purposes.

In the following year, two Health Visitors in post, their numbers had not increased for some years, fourteen Midwives notified their intention to practice, three were bona-fide midwives and eleven trained nurses. Comment is made on the good work of the Nursing Association and efforts being made to appoint two additional health visitors.

Dr. Tuxford resigned in 1923 and was succeeded by Dr. H. C. Jennings. There were no Infant Welfare Centres administered by the County Council ; a voluntary centre was established at the Church Cote, Spalding.

The Dental Service came into being in 1926, Mr. G. J. S. Rose, L.D.S. reported the decision to provide a fully equipped Dental Van has been amply justified, by such means it has been possible to provide a service in schools far removed from the larger centres of population.

There is mention also for the need to embark on Dental Health Education to improve the 39% acceptance rate for treatment. In the year following the acceptance rate was 50% with a plea seeking the appointment of a second dentist. There is a note of disappointment that no progress had been made in bringing into being a scheme for after care in relation to the work of the Holland Sanatorium.

Infant Welfare Centres were being established in Long Sutton, Crowland and Spalding. One hundred and fourteen children classified as Delicate were attending the ordinary schools with ninety-one Crippled children, mainly those suffering from paralysis or severe heart disease.

A detailed memorandum draws attention to the new procedure for the prevention of Diphtheria by immunisation on a

partnership basis with the Sanitary Authorities and general practitioners. Seven years slipped away and it was not until 28th February, 1933, that the vicar of Donington appealed to the County Medical Officer to gain the co-operation of all Authorities concerned.

There was a deep anxiety for the mental defectives and as a result of long deliberations between the then Board of Control, the County Councils of Lindsey, Kesteven, Holland and the County Boroughs of Grimsby and Lincoln, the provision of an institution for the whole County had become a question of practical politics.

The Lincolnshire Joint Board for the Mentally Defective Order, 1927 came into force on 1st March 1928. Harmston Hall Hospital opened in April 1935 and later with three peripheral hospitals transferred to the Regional Hospital Board in 1948.

When County Hall was built a room was planned on the top floor, to be used as a laboratory, in 1928 this room was equipped to undertake bacteriology, the work being done by the Medical Officers, a laboratory assistant was not then in post.

From June 1934 work of the utmost value was accomplished by Mr. R. Fidling in tuberculosis, diphtheria, venereal disease and the typhoid group of organisms, merging in 1948 to join the basic hospital laboratory which has now developed into the complex of Pilgrim Hospital, under the management of a consultant pathologist.

By April 1929 the dental service was developing, Mr. H. G. L. Fletcher and Mr. Nicholls in post, each dental officer being provided with a fully equipped mobile clinic and a suggestion that a portable cinematograph could be usefully used to promote Dental Health Education.

In 1930 the County Medical Officer presented a comprehensive scheme to improve the Maternity and Child Welfare Service. There were seven health visitors on the staff, domiciliary midwifery service very incomplete and four additional midwives required to make the service adequate.

There was no home nursing service to include the nursing needs for expectant mothers, maternity nursing and the nursing of children ill from infections and an absence of hospital beds for normal or difficult maternity cases.

Mention is made of Home Helps, to look after the mother under the direction of the Midwife and the need to establish ante-natal clinics. Sterilised Maternity Packs were provided.

The absence of the services of a consultant in obstetrics, apart from puerperal fever, to assist medical practitioners, to be remedied at an estimated cost of £15 p.a. and payments of fees to the practitioner to undertake ante-natal care and post-natal care supplementing the fees paid under the heading of Medical Aid.

Dr. Jennings resigned in December 1932, becoming County Medical Officer of Health for Oxfordshire continuing his undoubted leadership shown to Holland, and was succeeded by Dr. W. G. Booth.

In that month also a Public Medical Service came into operation, the aim to form an association of medical practitioners who would provide attendance and treatment for persons unable to pay the ordinary fees. The wage earning classes were included with all needful medicines and dressings, subscriptions to be collected each week, one adult sixpence per week, one adult and two children ninepence and so on. It was anticipated that defects in children found by the School Medical Officer would be referred to the family doctor for treatment.

The treatment of infectious diseases in the North of the County had been reviewed by the Boston Borough and Rural District Councils and the White House Hospital of thirty-three beds was being built with cubicle accommodation, functioning now for diseases of the chest and the exceptional care of infectious diseases.

Donington and Bicker suffered an outbreak of Diphtheria, Dr. Booth reporting the deficiencies of the present system of divided public health control in 1933, there was no scheme for immunisation. A Public Meeting was held at Donington on 10th March, the County Medical Officer and the two District Medical Officers offered free immunisation, without having the necessary authority to do so, the parents at Donington and Bicker responded.

In all thirty-five cases and fifteen carriers, the outcome was the offer of immunisation to each child in the County from the age of one year, the County and Boston Borough working together.

Immunisation against diphtheria developed, Dr. Booth reporting that the County of Holland is the first area in the Country to undertake this work by using the services of general practitioners, the consent of the Local Sanitary Authority was secured to the payment for materials, each resolved that the County Medical Officer should proceed with an immunisation

scheme at his discretion and at their expense. After considerable negotiation with the Ministry of Health upon the legality of the private practitioners undertaking the work, a favourable ruling was received and the scheme commenced on 1st January, 1934.

Midwifery arrangements improved, the County Council extending the service of consultants in obstetrics to difficult confinements, three consultants were available at the request of family doctors, making available for the poorest woman the services of a specialist at no cost to the family.

Conversations continued with the Nursing Associations to increase the number of midwives, the County Medical Officer drawing attention to the impact of the weekly voluntary schemes falling on families.

The Public Medical Service had developed, involving a family in some ten pence each week, hospital contributory schemes were being pushed, families paying two pence weekly and cannot afford another penny to a nursing association in the sparser areas of population, for home nursing reliance is made on a neighbour or meddlesome handywoman. No wonder the County Medical Officer sought one health service for the whole County.

On 13th June 1935 the County Council implemented a scheme to improve the tuberculosis Services, a Nurses' Home, Out-Patients Department including X-ray facilities, Dental Surgery, Plaster Room, Operating Theatre and Orthopaedic Block, all still functioning for medical purposes as the London Road Hospital.

The venereal disease clinic opened at Norton House in 1935, hitherto reliance had been made on facilities at Lincoln, Peterborough and King's Lynn. This service transferred to Pilgrim Hospital.

The Orthopaedic Scheme was under way under the care of Mr. R. E. M. Pilcher, Consultant Orthopaedic Surgeon, a physiotherapist was appointed and branch clinics were established in Spalding and Long Sutton. By 1936, one hundred and sixty-five children were attending and the physiotherapist commenced a domiciliary service.

In the 1930's purpose built clinics were opened, Donington, Holbeach and Spalding and the Midwives Act of 1936 implemented, nine Welfare Centres were functioning. In respect of the Wrangle Centre, the County Medical Officer hoped that the

future will bring a new clinic, even though the land is so valuable, currently the Health Centre is being built at Old Leake.

In August 1939 the County Council accepted a tender of £41,000 to build a new County Hospital. The scheme was abandoned and it was necessary to allocate beds in the Institutions and in the purpose built Casual Wards, still functioning, as Wyberton West Hospital and Holbeach Hospital.

This forward looking policy highlighting the deficiencies in the hospitals, was transferred under other banners into Pilgrim Hospital, Phase II now being completed.

From September 3rd, 1939, the problems of evacuation necessitated the use of Wyberton West Hospital for scabies, impetigo and eventually for the medical needs of the armed forces and Land Army.

On July 1st 1940, Norton House emerged as the Holland county Emergency Hospital and E.M.S. cases began to be admitted. The tuberculosis patients were evacuated and with little prior warning, military, accident cases, fractures, head injuries and acute medical cases were admitted.

The first major abdominal operation was a gunshot wound of the liver, the surgical instruments were borrowed. It took the Ministry one year to grant an issue of abdominal instruments. However, the Hospital Committee by that time had helped themselves. The then Chairman was Councillor R. Salter, J.P.

Holbeach Hospital opened as a Group II Unit of 75 beds on 1st August 1940 and was later equipped with an operating theatre. Between the opening and 1st May 1941, 420 service patients were admitted. the function was in fact Group 1.

In July 1940, a hostel was established at Holgate House, Boston to assist in the management of evacuees, children with bed wetting or scabies or with other problems, making them temporarily unsuitable for billeting.

Freiston Hall was opened in 1942 with accommodation for twenty-four children, primarily intended for the treatment of skin diseases amongst evacuees. There was a transfer of functions from Holgate House, which became a nurses' home. Freiston Hall developed as a hospital for sick children and closed in recent times as other hospital facilities were developed.

The need for additional maternity beds was fully appreciated and the Maternity Unit opened at Holbeach Hospital in

1942, in the first year of working 199 women were delivered resulting in 187 live children.

Further provision was made at Wyberton West Hospital, a maternity ward of ten beds was opened in 1944 in association with the ante-natal clinic at Ferry House. In the first year 174 women were admitted.

The County Council recognised the need for Home Helps and although a scheme was approved no progress was possible in 1945 as no applications were received from women willing to be employed. Two years later, with the help of the Women's Voluntary Service, six home helps were in post.

Dr. Booth wrote in respect of the forthcoming National Health Service. Everything possible has been done to keep the service at the highest point of efficiency and we shall not be ashamed of them when they are transferred to the Regional Hospital Board; the future of the public health service is at present vague and formless, having been cut back to its roots. It will be interesting to see how it recovers from the operation.

Dr. Booth resigned in 1948 taking up an appointment in London and as written at the time, the credit for the advanced stage of the County Health Service was mainly due to his initiative and foresight. Supported always by leadership in the Council and Committee, people of vision elected or in office.

In the span of over sixty years, steady progress has been achieved in Health Projects; in the very early days underlying financial difficulties were evident in a mainly agricultural county, but there was response by the County Council to firm ideas and proposals. Imaginative, ever useful for the common good, building step by step, the leadership of old leaving hallmarks on the sterling work undertaken and still appreciated. Memories are fleeting and the record now stands from 1908 to 1948, later years are not yet part of history.

Co-ordination and Co-operation of the Health Department's Services

A very substantial amount of co-ordination and co-operation has been achieved with the Hospital Services and General Medical Services from the early days of 1948, with an increasing tempo in the last five years. Perhaps the greater value of the Joint Liaison Committee, is the undoubted will of the members representing the three parts of the Health Service, to

work one with another, through the working parties and sub-groups. Opportunities for people meeting with others from the same or different spheres of work, bring constructive ideas and varying options to assist with the implementation of policies in medicine, nursing and administration in 1974.

Specialities

Ear, Nose and Throat Department, Pilgrim Hospital

The consultant surgeon wished to develop a co-ordinated service with the Senior Teacher of the Deaf, the two assistant Teachers of the Deaf, Senior Speech Therapist and Speech Therapist, and this indeed has been accomplished. The close working relationship with the general practitioner has long been established, two copies of routine audiogram being forwarded one for the consultant where the general practitioner seeks further advice. Post operative follow up is arranged, the children being seen normally in school or the pre-school child at home and the results of audiometric testing are made available.

The consultant is free to refer cases direct to the Senior Teacher of the Deaf and Senior Speech Therapist, fostering the spirit of team work and from time to time the speech therapists are able to help adults, a current case being post-operational care, cancer of the larynx.

A balanced system of treatment will be required in the future as between the needs of children in school, in the special schools for the educationally subnormal and the hospital requirements for speech therapists. A service built up over many years by the Education Committee will need full maintenance, a national increase of speech therapists and that the Community Physician should have the responsibility of administering a unified speech therapy service.

Paediatric Department, Pilgrim Hospital

The numbers in post of health visitors do not increase with a consequent delay in the appointment of a health visitor liaison officer, but in spite of these difficulties a liaison officer has been appointed and attends the ward rounds with colleagues. Clearly distance factors are considerable, but nevertheless a real effort is being made to promote after care for sick children.

Geriatric Department, London Road Hospital, the Johnson Hospital

Dr. R. Chapman, Consultant Geriatrician, South Lincolnshire has now assumed duties and a preliminary meeting of a pilot Health Care Group for the Elderly, has been held with hospital and Local Health Authority representatives.

The following objectives were suggested :—

1. To achieve the early identification of those elderly members of the community at risk and to mobilise the necessary supporting services to maintain them within the community in an optimum state of mental and physical well being.
2. To foster and encourage the active treatment and rehabilitation of the elderly sick and thus to ensure either their retention within the community or their rapid return to the community.
3. Within the limited resources in terms of staff and facilities available, the Health Care Group should also identify the activities which should be given priority in achieving the first two aims.

There is already a firmly established liaison between the Geriatric Visitors, the Medical Social Workers and hospitals, and the Geriatrician has been asked to make optimum use of the services of the Geriatric Visitors, this approach is now under way. This means attendance at ward rounds, case conferences and will be well established prior to the opening of the Day Centre, London Road Hospital, Boston, a useful contribution to overall assessment. It is anticipated that there will be an increase in the establishment of geriatric visitors and bath attendants in the coming year.

District Health and Social Services Liaison Team Mental Handicap

Following a conference of the District Joint Health and Social Services Planning Group, with officers of the Regional Hospital Board and Local Health Authorities, liaison machinery has been established.

Administrative arrangements are made by the Group Secretary, Lincoln Heath Hospital Management Committee for the whole of Lincolnshire as at present.

TERMS OF REFERENCE FOR DISTRICT HEALTH AND SOCIAL SERVICES LIAISON TEAM—MENTAL HANDICAP

1. To provide a multi-disciplinary forum for discussion through which services to patients/clients can be effectively co-ordinated and needs can be brought to the attention of the responsible Authorities either direct or

through the appropriate Joint Health and Social Services Planning Group.

2. To consider and settle methods of introducing the concept of therapeutic teams serving a limited population within the local district covered by the Team.
3. To deal with all aspects of the day-to-day running and management of an individual service, including the machinery for case conference on individuals and the organisation of social work services to hospitals.
4. To establish and agree criteria about the type and condition of patients for hospital or community care.
5. To ensure that at least once per quarter the services for the mentally handicapped are discussed.

The Clinical Director, Harmston Hall Hospital, holds sessions at Pilgrim Hospital, the Principal School Medical Officer refers mentally handicapped children in association with the general practitioners and Social Services.

Ophthalmic Department, Pilgrim Hospital

School Health Eye Clinics have been transferred from Ferry House Clinic, making a closer working relationship with the Orthoptic Department, the School Nurses attend. Administrative matters are dealt with by the Health Department. There is a similar arrangement at the Johnson Hospital, the sessions at Holbeach Clinic remain unchanged.

General Practitioner Attachment :

A full attachment scheme now exists of all nursing disciplines, Health Visitors, Home Nurses, Midwives, Geriatric Nurses, and Auxiliaries to some 43 general medical practitioners throughout the County.

NURSING SERVICES

The Director of Nursing Services submits the following report :—

In 1971 in-service training in hospital for the Midwifery staff commenced, this was extended in 1972 to include District Nurses, Geriatric Visitors and Administrative Nursing Staff. At the same time there was an exchange of hospital staff coming on to the District, this included their Administrative Nursing Staff, Midwives and General Nurses.

In 1971, staff members were assigned as follows :—

Community Staff (Midwifery)

- 3 to Peterborough Maternity Unit, 2 for 1 week, and 1 for 4 weeks
- 1 to Wisbech Maternity Unit for 1 week
- 10 to Pilgrim Hospital for 1 week only.

These nurses were Approved Teaching Midwives and included the Director of Nursing Services and Area Nursing Officer. This exercise was to bring staff up to date with the needs of the pupil midwife, modern methods and drugs in current use. This experience was divided between all the Maternity Departments. Four midwives spent two weeks each in Pilgrim Hospital Maternity Department in 1972 and two in 1973.

On the General Nursing side in 1972, twelve staff members, varying disciplines, spent one week each at either London Road or Holbeach Hospital, the week being shared on the surgical, medical and casualty department at Pilgrim Hospital.

Eleven district nurses and five geriatric visitors await a week hospital exchange when this can be arranged.

Two geriatric visitors spent one week each between the Assessment and Long Stay Wards at London Road and Wyberton West Hospitals. This was particularly opportune since the dates coincided with the arrival of the Consultant Geriatrician, permitting early close relationships to be developed.

The Health Education Officer spent one week at Pilgrim Hospital, sharing her time with the Hospital Education Officer and the Senior Nursing Officer. The Director of Nursing Services spent one week with the Principal Nursing Officer at Pilgrim Hospital.

Hospital Staff

In 1972, seven Midwifery Sisters spent one week each in the Community, time allocated between Midwives, Health Visitors and Health Education Officer.

Eight General Sisters and one charge nurse, each had a week on the District. In the early attachments, the entire week was spent with one District Nurse, this was later improved by dividing the experience between Health Visitors, Geriatric Visitors and District Nurses.

Three Nursing Officers and one Midwifery Tutor each spent one week in the Community, part of the week with the Local Authority Administrative Nursing staff, part with district/nurse midwives, geriatric visitors and health visitors. The Principal Nursing Officer spent three days with the Director of Nursing Services in the Community.

This approach to integration has proved to be very useful, fostering improved relationships with the hospital staff, and has given each other a greater understanding of the role of all the members working in the health service.

The numbers, and the staff involved is tabulated below.

HOSPITAL STAFF Community Experience				LOCAL HEALTH AUTHORITY STAFF Hospital Experience						COMMUNITY STAFF AWAITING HOSPITAL EXCHANGE	
Midwives	Nursing Officers	Midwifery Tutor	Ward Sisters	Midwives	Nursing Officers	District Nurses	Geriatric Visitors	Health Education Officer	Health Visitors	District Nurses	Geriatric Visitors
	1	1		15	2		1971				
8	4		9	4	2	7	1972 1	1	1		
				2		3	1973 2			11	5
8	5	1	9	21	4	10	3	1	1	11	5

The Department of Health and Social Security Consultative exercise which commenced in 1971 regarding hypotheses in management involved twelve meetings up to October, subsequently developing into working parties on the reorganisation of management exploring the best pattern suitable for the new area, with recommendations for 1974. It is fundamental to permit flexibility in the programming of future development. So far the nursing sub-group have had nine meetings by the end of March 1973, and it is something which will have to continue.

The Department of Health and Social Security requested on the 2nd February, arising from the working party, a study of the Briggs Report, which embraces future trends of all grades of nurse staff training. The integration plan may take this proposed change of training into account, and although it is hoped to start the implementation of new training in 1975, it is realised that this full development will spread over five to ten years.

A conference was called at Pilgrim Hospital on the problem referring to Orthopaedic Wards of the bed situation, and the long waiting list for "cold" surgery. The County Medical Officer, Principal Nursing Officer, Director of Nursing Services, Group Secretary, Medical Social Worker, Orthopaedic Surgeons, to explore the possibility of planned early discharges

into the Community, of suitable cases to reduce the waiting list and make a more economical use of beds. It was agreed to commence immediately, inviting the appropriate District Nurse to attend the case conference when a decision would be taken. The nurse would make an assessment of home conditions, to make sure that the needs of the patients could be fully met.

As a step towards integration for the forthcoming reorganisation, the Area Nursing staffs of Lindsey and Holland held a joint meeting and arranged reciprocal crossing of boundaries in respect of G.P. attachment, the joint use of Health Centres and Relief arrangements for Health Visiting and District Nursing. A pilot scheme is scheduled for 1st April 1973 to be extended to other common boundary areas, as and when practicable.

Management Courses

The Administrative Nursing Staff have attended as follows :—

Director of Nursing Services attended a four week Top Management Course in Manchester in January 1972.

The two Area Nursing Officers have each attended a four week Middle Management Course, one at Birmingham and one at Liverpool in 1971 and 1972 respectively.

STATISTICS AND SOCIAL CONDITIONS OF AREA.

(a) GENERAL STATISTICS.

Area (acres)	267,854
Population (census 1971)	105,590
Population (estimated—Mid 1972)	105,950
Rateable Value for the County 1st April, 1973)	£10,231,612
Estimated Product of a penny (n.p.) rate for the whole County, 1973-74	£102,300

(b) VITAL STATISTICS FOR THE YEAR.

Live Births	Males	Females	Total
Legitimate	715	640	1,355
Illegitimate	54	49	103
Total Births	769	689	1,458

Live birth rate per 1,000 population : 13.8.

(Corresponding figure for England and Wales : 14.8.)

Stillbirths—Males 10, Females 10, Total 20.

Stillbirths rate per 1,000 live and stillbirths : 14.0.

(Corresponding figure for England and Wales : 12.0.)

Total live and stillbirths : 1,478.

Illegitimate live births number 103 being 7% of total live births.

(England and Wales 9.0.)

Infant deaths (under 1 year) :—17.

Infant mortality rates :—

Total per 1,000 live births 12.0

(Corresponding figure for England and Wales 17.0.)

Legitimate per 1,000 legitimate live births 10.0

Illegitimate per 1,000 illegitimate live births 29.0

Neo-natal mortality rate (11 under 4 weeks per 1,000
live births) 8.0

(Corresponding figure for England and Wales 12.0.)

Early Neo-natal mortality rate (deaths under 1 week
(9) per 1,000 live births) 6.0

(Corresponding figure for England and Wales 10.0.)

Peri-natal mortality rate (stillbirths and deaths under
1 week combined (29) per 1,000 live and stillbirths) 20.0

(Corresponding figure for England and Wales 22.0.)

Maternal deaths (including abortion) :—Nil.

Maternal mortality rate per 1,000 live and stillbirths :—0.0.

(Corresponding figure for England and Wales 0.15.)

Deaths from all cases :—1,287.

	Net Death Rate per 1,000 population
Urban Districts	12.2
Rural Districts	12.1
Administrative County	12.1
England and Wales	12.1
Deaths from measles	Nil
Deaths from whooping cough	Nil
Deaths from Diarrhoea (under 1 year)	Nil

BIRTH RATE.—The County rate has continued to fall to 13.8 live births per 1,000 population, compared with 14.4 in 1971. The rate a decade ago was 15.5 showing a gradual decline rather than any dramatic change. The highest rate in the County was in the East Elloe area, 14.0, the lowest in the Spalding Urban District, 13.0. The corresponding rate for England and Wales in 1972 was 14.8. There was a drop in the number of illegitimate live births from 118 in 1971 to 103 in 1972 and represents 7% of the total live births. This compares favourably with the national figure of 9.0%.

DEATH RATE.—The County rate of 12.1 is a little higher than the figure of 11.6 for last year and is the same as the figure for England and Wales for 1972. The highest rate was in the East Elloe Rural at 13.4, and the lowest in the Boston Rural District at 11.4.

INFANT MORTALITY RATES.—There was a dramatic decrease in the number of infant deaths under one year, 17, compared with 29 for the previous year. This gave a rate of 12.0 per 1,000 live births, against 19.0 for 1971 and much lower than the national figure of 17.0 for 1972. The rate for illegitimate mortality again increased to 29.0 per 1,000 illegitimate live births, against 10.0 being the legitimate rate per 1,000 legitimate live births. There were 11 deaths under 4 weeks giving a neo-natal mortality rate of 8.0 against the figure of 12.0 for England and Wales. This favourable comparison is also reflected in the early neo-natal rate of 6.0 against the national rate of 10.0. The peri-natal mortality rate is the total of still births and deaths under one week combined (29) per 1,000 live and still births, was 20.0 compared with 25.0 for the previous year.

MAIN CAUSES OF DEATH.—The following table shows the figures for the main killing diseases in the County of Holland during 1972.

Disease	Total number of deaths
Heart Diseases	502
Cancer	254
Vascular Diseases	177
Pneumonia	68
Other Circulatory Diseases	67
Bronchitis	51

HEART DISEASES.—The total figure of 502 is 87 more than the previous year and represents 39% of the total deaths.

CANCER.—The total deaths of 254 compares with the figure of 262 for 1971 and represents 20% of the total deaths from all causes.

VITAL STATISTICS FOR THE YEAR 1972
Urban and Rural Districts.

District	Area in Acres	Persons per Acre	Population (mid-year)	Live Births				Deaths				Deaths under 1 year of age		Death-rate from Pul- monary Tuberculosis per 1,000 population	Death-rate from all tubercular diseases per 1,000 population
				No.	Net Rate	Comparability Factor	Local adjusted Birth Rate	No.	Net Rate	Comparability Factor	Local adjusted Death Rate	No.	Rate 1,000 live births		
URBAN															
Boston Borough	3257	7.7	26230	418	15.9	1.00	15.9	316	12.0	0.95	11.4	6	14.0	0.07	0.07
Spalding Urban	7825	2.1	17070	222	13.0	1.02	13.3	212	12.4	0.78	9.7	3	14.0	0.00	0.00
Totals for Urban Districts	11082		43300	640	14.8	1.01	14.9	528	12.2	0.88	10.7	9	14.0	0.05	0.05
RURAL															
Boston	84408	0.27	22770	299	13.1	1.06	13.9	259	11.4	1.00	11.4	5	17.0	0.00	0.04
Spalding	87770	0.22	18770	224	11.9	1.10	13.1	217	11.6	1.01	11.7	3	13.0	0.00	0.00
East Elloe	84594	0.26	21110	295	14.0	1.12	15.7	283	13.4	0.89	11.9	Nil	0.00	0.00	0.00
Totals for Rural Districts	256772		62650	818	13.1	1.09	14.3	759	12.1	0.96	11.6	8	10.0	0.00	0.02
Administrative County	267854		105950	1458	13.8	1.06	14.6	1287	12.1	0.92	11.1	17	12.0	0.02	0.03
England & Wales					14.8		14.8		12.1		12.1		17.0	0.02	0.04

[illegible]

CAUSES OF DEATH

	Under 4 Weeks	4 Weeks Under 1 Year	1 and 5 Under	5 and 15 Under	15 and 25 Under	25 and 35 Under	35 and 45 Under	45 and 55 Under	55 and 65 Under	65 and 75 Under	Over 75	All Ages
Meningitis	—	—	1	—	—	—	1	—	—	—	—	1
Multiple sclerosis	—	—	—	—	—	—	—	—	—	—	—	1
Other diseases of nervous system, etc.	—	—	—	—	1	—	—	—	3	4	—	11
Active rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—
Chronic rheumatic heart disease	—	—	—	—	—	—	—	—	—	—	—	—
Hypertensive disease	—	—	—	—	—	—	2	—	3	2	—	6
Ischaemic heart disease	—	—	—	—	—	—	4	22	57	13	—	24
Other forms of heart disease	—	—	—	—	—	—	—	2	20	156	—	354
Cerebrovascular disease	—	—	—	—	—	1	—	9	18	93	—	118
Other diseases of circulatory system	—	—	—	—	—	—	—	—	3	103	—	177
Influenza	—	—	—	—	—	—	1	—	12	51	—	67
Pneumonia	—	—	—	3	—	1	—	—	1	1	—	2
Bronchitis, emphysema	—	—	—	—	—	—	—	4	3	43	—	68
Asthma	—	—	—	—	—	—	—	1	8	22	—	51
Other diseases of the respiratory system	—	—	1	—	—	—	—	—	—	1	—	1
Peptic ulcer	—	—	—	—	—	—	—	—	2	4	—	7
Appendicitis	—	—	—	1	—	—	—	—	—	3	—	7
Intestinal obstruction and hernia	—	—	—	—	—	—	—	1	—	1	—	2
Cirrhosis of liver	—	—	—	—	—	—	—	—	—	2	—	6
Other diseases of digestive system	—	—	—	—	—	—	1	1	3	—	—	—
Nephritis and nephrosis	—	—	—	—	—	—	—	—	2	3	—	13
Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	3	—	5
Other diseases of the genito-urinary system	—	—	—	—	—	—	—	—	—	4	—	5
Abortion	—	—	—	—	—	—	—	—	—	—	—	—
Other complications of pregnancy, etc.	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the skin and subcutaneous tissue	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the musculoskeletal system	—	—	—	—	1	—	—	—	1	—	—	1
Congenital anomalies	2	1	—	2	—	—	—	—	1	1	—	5
Birth injury, difficult labour, etc.	6	—	—	—	—	—	—	—	1	—	—	6
Other causes of perinatal mortality	2	—	—	—	—	—	—	—	—	—	—	6
Symptoms and ill-defined conditions	—	—	—	—	—	—	—	—	—	—	—	2
Motor vehicle accidents	—	—	—	1	7	—	2	—	3	15	—	15
All other accidents	—	—	1	1	1	—	1	2	1	3	—	17
Suicide and self-inflicted injuries	—	—	—	—	—	—	—	—	—	—	—	11
All other external causes	—	—	3	—	—	—	—	—	—	—	—	5
ALL CAUSES	11	6	7	10	12	11	22	75	172	341	620	1287

ADMINISTRATION

In the County of Holland there is no need for decentralisation and all the administrative work in connection with the Authority's health services is undertaken at the County Hall, Boston (Boston 2281).

The main committee is the Health Committee with two sub-committees, each with delegated functions.

Maternity and Welfare Sub-Committee.

Appointments Sub-Committee.

CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICES

There is close co-operation with the district authorities as the District Medical Officers of Health are also Departmental County Medical Officers.

The County Medical Officer is a member of :—

Obstetric Committee.

Lincoln Heath Hospital Management Committee and Boston Group Hospital Management Committee.

Lincs. (Holland) Executive Council.

Local Medical Committee.

Sheffield Liaison Committee.

Group Medical Committee.

Medical Executive Committee, Pilgrim Hospital.

Area Joint Liaison Committee (Vice-Chairman).

VOLUNTARY ORGANISATIONS

Full use is made of the various voluntary organisations in the County as follows :—

Red Cross Society (Boston Branch)	Medical Loan Depot at Boston.
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St. John Ambulance Brigade	Medical Loan Depots at Spalding, Sutton Bridge and Holbeach.
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British Legion (Crowland Branch)	Medical Loan Depot at Crowland.
Lincs. (Holland) Care Committee	Care and after-care work in connection with tuberculosis, problem families, nursing services and other illnesses, including mental sickness.
Voluntary Committees at certain Infant Welfare Centres	General assistance at child welfare sessions.
Boston and District Society for Mentally Handicapped Children	Co-operation and material assistance in dealing with mentally handicapped children, particularly at the Special Schools.
Spalding and District Society for Mentally Handicapped Children	
Boston and Holland Blind Society	Welfare of the Blind.

The County Council also makes use of the services of a number of National Associations and Bodies, to whom annual subscriptions are paid :—

Health Education Council Ltd.

National Baby Welfare Council.

National Association for Maternal and Child Welfare.

The Royal Society for the Prevention of Accidents.

The Chest and Heart Association.

National Spastics Society.

National Council on Alcoholism.

The Family Planning Association.

The Samaritans.

Women's National Cancer Control Campaign.

North Midlands Home Safety Group.

Boston, Spalding and District Marriage Guidance Council.

INFECTIOUS DISEASES.

The table on the following page shows the incidence of notifiable infectious diseases for the year ending 31st December, 1972.

Whooping Cough.—Only one notification received and the virtual elimination of this disease must be allied to the consistent programme of infant vaccination. Last year thirteen cases were notified, in itself a low record.

Diphtheria.—It is gratifying to report a continued absence, the last notified case in the County was in 1947.

Scarlet Fever.—Nineteen cases notified, 5 more than for 1971.

Dysentery.—A very satisfactory situation, no serious outbreaks or localised outbreaks involving a small section of the community. Two sporadic cases in the Boston area.

Food Poisoning.—A similar situation to that of dysentery, only four cases notified, three of which were in Boston.

Poliomyelitis.—The vaccination scheme is monitored without complacency, the last confirmed case in Holland was in 1962.

Measles.—Perhaps a disappointing rate of vaccination, 456 cases were notified, 22 more than for the previous year. Approximately 75% relates to the Boston area. In 1971 the severer incident was in the Southern part of the County.

Infective Jaundice.—The satisfactory state of affairs for last year has continued, only eight notified cases, seemingly disconnected throughout the County.

Acute Meningitis.—Only one case notified, again in the Boston Rural District.

Infectious Diseases notified in Holland County for the year ending 31st December, 1972.

Districts	Acute Encephalitis	Acute Meningitis	Acute Poliomyelitis	Anthrax	Cholera	Diphtheria	Dysentery	Food Poisoning	Infective Jaundice	Leprosy	Leptospirosis	Malaria	Measles	Ophthalmia Neonatorum	Paratyphoid Fever	Plague	Relapsing Fever	Scarlet Fever	Smallpox	Tetanus	Pulmonary Tuberculosis	Tuberculosis other forms	Typhoid Fever	Typhus	Whooping Cough	Yellow Fever	TOTAL	
Urban District Boston Spalding	—	—	—	—	—	—	2	3	2	—	—	—	239	—	—	—	—	6	—	—	4	1	—	—	—	—	257 7	
Rural District Boston Spalding East Elloe	—	1	—	—	—	—	—	1	3	—	—	—	119	—	—	—	—	4	—	—	—	—	—	1	—	—	129 30 77	
Total	—	1	—	—	—	—	2	4	8	—	—	—	456	—	—	—	—	19	—	—	—	5	4	—	—	1	—	500

SECTION 21—HEALTH CENTRES.

Long Sutton.

This, the first Health Centre to be completed in the County, was opened in October, 1971, and during 1972 there has been considerable advancement in the integration of Health Services with a very much closer working relationship has developed between the general practitioners and Local Health Authority nursing staff. There is, also, allied collaboration which extends into the field of social work and regular contact is maintained between individual workers. This trend of integration and collaboration is a continuing one as services are gradually expanded for the benefit of the local community.

Old Leake.

Building work began in the early part of 1972 and has recently been completed and the Centre began to function in late May, 1973. Detailed planning was undertaken with the County Architect and in consultation with the general practitioners, the finished design being similar to Long Sutton in general layout but with modifications to take account of the specific needs of the practice and the area.

Sutton Bridge.

During 1972 detailed planning in consultation with the County Architect and the general practitioners was completed although it was necessary to make a last minute change within the overall area of the building to provide additional space in the dispensary when it was learnt, unexpectedly, that the pharmacy in Sutton Bridge was closing. Subsequently a tender within the approved cost limit was accepted and building operations began in the early Spring of 1973.

Boston.

Detailed planning of this project is almost complete having been continued throughout 1972. It is anticipated that final approval to the project will be sought from the Department of Health and Social Security later in 1973 so that tenders can be sought with a view to building operations commencing in the Spring of 1974.

Crowland.

The general practitioners again expressed interest in a Health Centre project and because of expected housing development in the area the original suggested site of Snowden Field became more attractive and an initial meeting with the general practitioners was held at the end of the year. It is understood that Crowland Parish Council are willing to make a site available as part of their Snowden Field development and an initial

approach to the Department of Health and Social Security is being made as a preliminary before any further detailed planning and design work is undertaken.

Kirton and Gosberton.

These are relatively new projects for Health Centres and because of the nature of the area a joint meeting was held, under the auspices of the Lincolnshire (Holland) Executive Council which was attended by representatives of the general medical practices in Kirton, Sutterton, Gosberton, Donington and Swineshead area. The purpose of this meeting was to try to plan comprehensively and to assess the need for Health Centres and support was expressed for Centres proposed at Kirton and Gosberton. Early consideration is being given to possible sites and further detailed consideration will be undertaken in due course.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

HOME VISITING.—Home visiting of children under school age is an important part of the Health Visitor's duties. More detailed information is given in the health visiting section.

CHILD WELFARE CENTRES.—There are 19 centres in the County at which 50.5 sessions are now held per month. The number of centres remains unchanged.

A Medical Officer normally attends weekly at the more important Centres, but when this is not considered necessary, a doctor only attends fortnightly or monthly.

A statistical table is given below from which it will be seen that 3,959 children (of whom 1,321 were born in 1972) attended during the year and made a total of 18,511 attendances. The percentage of new babies attending the centres related to the total live births for 1972 was 92, a gratifying response compared with 67% for 1971. These figures include attendances at "well baby" clinics at General Practitioner surgeries, a normal development of well established attachment schemes.

All the Infant Welfare Centres are administered by the Local Health Authority, and the following table summarises the position :—

Number of children who attended during the year :—

Born in	Number	Attendances
1972	1,321	7,278
1971	1,431	6,808
1970-67	1,207	4,425

The family doctor is notified when it is considered that any child should be referred to the hospital clinic for consultant opinion.

At most of the centres there are voluntary workers who render valuable service.

The following is the list of infant welfare centres :—

Centre	Frequency	Day
Boston (Allan House)	Weekly	Monday
Boston (Ferry House)	Weekly	Tuesday
Boston (Woad Farm)	Weekly	Tuesday
Crowland	Weekly	Tuesday
Donington	Twice monthly	1st and 3rd Thursdays
*Deeping St. Nicholas	Monthly	2nd Thursday
Fishtoft	Twice monthly	2nd and 4th Thursdays
Gosberton	Monthly	4th Thursday
Holbeach	Weekly	Thursday
Kirton	Twice monthly	2nd and 4th Wednesdays
Long Sutton	Weekly	Friday
Moulton	Monthly	3rd Thursday
Old Leake	Twice monthly	2nd and 4th Fridays
Pinchbeck	Weekly	Tuesday
Spalding	Weekly	Wednesday
Sutton Bridge	Twice monthly	1st and 3rd Wednesdays
Swineshead	Monthly	4th Wednesday
Whaplode Drove	Twice monthly	1st and 3rd Fridays
Wyberton	Twice monthly	2nd and 4th Thursdays

*Note : This centre was discontinued in April 1973 due to progressively fewer attendances. Alternative facilities are available in nearby Deeping St. James. (Kesteven County Council).

Supplies of Welfare Foods, Dried Milk and other proprietary foods are available at child welfare centres.

Stores.—The central bulk stores are kept at the Health Department, Allan House, Boston.

Transport.—The transport of stock to Clinics and Parochial selling points is undertaken by County vehicles by arrangements with the County Transport Officer.

Distribution :

Boston :

Allan House.
Ferry House Clinic.
Wormgate.
Woad Farm Welfare Centre.
Dr. Sheehan's Surgery—Friday, p.m.

Donington :

1st and 3rd Thursday afternoons—The Clinic.

Old Leake :

1st and 3rd Friday afternoons—The Health Centre.

Kirton :

2nd and 4th Wednesday afternoons—The Clinic, Town Hall.

Swineshead :

1st and 3rd Wednesdays—Drs. Cope and Smith, Surgery.

Spalding :

Four sessions each week—The Clinic, Holland Road, Spalding.

Holbeach :

Two sessions each week—The Clinic, Park Road, Holbeach.

Long Sutton :

Friday afternoon—Health Centre.

Sutton Bridge :

Wednesday afternoons—The Church Hall Clinic.

Crowland :

Tuesday afternoons—The Abbey Institute.

Deeping St. Nicholas : (Closed 12.4.73).

2nd Thursday afternoon—Church Hall.

Fishtoft :

2nd and 4th Thursday—Rochford Tower Hall.

Whaplode Drove :

4th Friday in each month—Whaplode Chapel.

Wyberton :

2nd and 4th Thursday afternoons—The Parish Hall.

Moulton :

3rd Thursday in month—Parish Hall.

Additional Parochial Selling Points 11

Total Number of Distribution Centres 30

The figures for the year ended 31st December 1972 were as follows :—

Welfare Foods issued :—

			Sold	Free
National Dried Milk	...	...	4602	452 packets
Vitamin Tablets	...	...	1017	55 containers
Vitamin A, C and D drops	...	...	2971	354 bottles
Orange Juice	...	...	4517	52 bottles
Cod Liver Oil	...	...	25	- bottles

National Dried Milk is now sold at 20p per packet, Vitamin A, C and D tablets for expectant mothers at 6p per container and Vitamin A, C and D drops for children at 5p per bottle, or are issued against free tokens obtainable from the Department of Health and Social Security.

Free welfare milk, that is liquid milk (seven pints per week) or National Dried Milk is available for:—

1. An expectant mother and all children under school age in families in receipt of supplementary benefits, family income supplement or in special need because of low income.
2. An expectant mother who already has two children, including foster children, under school age, regardless of family income.
3. All but the first two children under school age in families with three or more children, including foster children, under school age, regardless of family income.
4. Handicapped children aged 5 to 16 years who are not registered pupils at a school or special school.
5. Children attending an approved day nursery or play-group or with an approved child-minder ($\frac{1}{3}$ pint per day).

Free welfare vitamins are available to anyone whose family includes an expectant or nursing mother or children under school age and whose total family income does not exceed a certain level.

Ante-Natal and Post-Natal Clinics.—The great majority of ante-natal examinations are held either at Hospital Maternity Units or General Practitioner's surgeries. The County Council provides a weekly service at Sutton Bridge for both domiciliary and hospital cases. During the year 53 women attended for ante-natal and 20 for post natal examinations. A total of 2,504 patient attendances were made at Relaxation and Mothercraft Classes at Pilgrim Hospital, Boston, Holbeach and Spalding Clinics, Crowland Welfare Centre and Long Sutton Health Centre.

Dental Treatment.—In 1972, 27 children under 5, and 48 expectant and nursing mothers made a total of 93 attendances at County Council Dental Clinics for treatment. This work is absorbed within the Schools Dental Service and not in separate sessions. The response has been mostly from the Holbeach area, possibly due to the fact that private dentists are scarce in this area, plus the fact that County Council transport is provided where considered necessary for travelling to and

from the clinics. 85% of the mothers referred required treatment. After initial examination some of them opted to attend their own dentist. Most children referrals come from the nursing staff, plus Health Education talks given at Welfare Centres and Play Groups. It is hoped to extend this activity to all playgroups within the County with the help of visual aids to foster education in this field amongst the mothers.

33% of the children referred required treatment, the ideal would be the examination of all pre-school children and to teach them dental hygiene at an age when they are more easily trained in the correct use of a tooth brush.

Maternity Beds.—The District Midwives continue to be available to investigate, at the request of the hospital authorities, cases recommended for admission on Sociological grounds, the numbers, however, have dropped to negligible proportions.

Of 370 cases considered for 48-hour discharge, 309 were approved, and 27 approved for 5-day discharge.

Of the total births, as adjusted by inward and outward transfers, 94% were institutional, an increase of 1% over 1971.

Ophthalmic Treatment.—Children of pre-school age requiring treatment are normally referred to the out-patient departments of hospitals, but, for the sake of convenience, some children are seen at the school clinics by the Consultant. The number of attendances made in this field during the year was 264, 32 less than the figure for 1971.

Cervical Cytology.—Clinics were continued to be held at Boston, Spalding and Holbeach for women aged 35 years and over or for younger women on request. During the year this service was extended to the Long Sutton Health Centre, and in addition clinic premises and nursing staff were made available to General Practitioners arranging sessions for their own patients.

Following the recommendation of the Department of Health and Social Security the routine recall scheme which started in January 1972 for all women irrespective of where they had their initial test has developed smoothly. The letter of invitation advises a retest at either their own surgery or a County Clinic, except where group practices operate their own recall system. Failures to accept a retest are followed up in consultation with the General Practitioner.

The tabulation below shows the overall situation for the year :—

	Under 35 years		Over 35 years		Totals
	New cases	Re-tests	New cases	Re-tests	
Hospitals	351	145	237	155	888
Doctor's surgeries	588	329	517	980	2414
H.C.C. clinics	204	74	205	416	899
Family Planning Association	162	292	28	82	564
TOTALS	1305	840	987	1633	4765

Care of Premature Infants.—Special cots and equipment are available, if required, for children nursed at home, but, when special medical and nursing care is indicated, cases are transferred to hospitals. Premature baby incubators are maintained at Pilgrim Hospital, Boston, and Johnson Hospital, Spalding and are immediately available within the ambulance for an emergency admission. A member of the hospital paediatric staff or midwife would normally travel in the ambulance, there are staffing difficulties. The number of premature live births was 71, 5% of the total live births notified ; of the total number (19) of still-births notified, 14, or 74% were premature.

The following table summarises the position : —

Premature live births														
Weight at birth	Born in hospital			Born at home or in a nursing home						Premature stillbirths				
	Total births	Died			Total births	Died			Total births	Died				
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		
2 lb. 3 oz. or less	1	1	—	—	—	—	—	1	—	1	—	3	in hospital	at home or in a nursing home
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	4	1	—	1	—	—	—	—	—	—	—	7	—	—
Over 3lb. 4 oz. up to and including 4 lb. 6 oz.	15	1	—	—	—	—	—	—	—	—	—	1	—	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	13	—	1	—	—	—	—	1	—	—	—	—	—	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	34	—	1	—	2	—	—	—	—	—	—	3	—	—
Total	67	3	2	1	2	—	—	2	—	1	—	14	—	—

Care of Unmarried Mothers and their Children.—The County Health Department works in close association with the Social Services Department and the erstwhile Lincoln Diocesan Board for Social Work. The latter is a registered association for dealing with adoption. The County Council makes an annual grant to the Diocesan Board, on a caseload basis.

Nurseries and Child Minders' Regulation Act, 1948 (amended by the Health Services and Public Health Act, 1968).—This service was transferred to the Social Services Department on 1st January 1972, but a good partnership involving the Administrative Nursing staff and Health Visitors exists with officers of the Social Services Department.

Family Planning Clinic.—The County Council make premises available at Ferry House, Boston and Spalding Clinic at no charge to the Lincolnshire Branch of the Family Planning Association, who act on an agency basis, financial responsibility being accepted by the County Council on a per capita basis. Similar arrangements are expected to operate at the Long Sutton Health Centre from approximately mid 1973. Where exceptional circumstances justified the need for County Transport to be provided to and from the Family Planning Clinics, authorisation is given by the County Medical Officer.

At Risk Register.—Each Health Visitor continues to keep an "At Risk" register showing the history and development of children on her district requiring special supervision. Those registered include such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, virus infection in the mother, and children with impaired hearing, etc.

In association with the Health Visitors "At Risk" registers, a central register is maintained of infants suffering from severe congenital abnormalities including those associated with stillbirths and infant deaths. Since January 1964 a monthly return of congenital abnormalities has been forwarded to the Registrar General. The number of cases returned during the year under review is 27, the same as the figure for 1971.

Early Neo-Natal Deaths.—The following list shows the causes and age at death of the 9 cases reported under the age of one week during 1972 :—

EARLY NEO-NATAL DEATHS.

Age at Death	Causes
1 day	1a Foetal Anoxia due to b Inadequate expansion of the lungs.
2 days	1a Respiratory failure. b Pulmonary Hyaline membrane formation.
3 days	1a Pulmonary Hyaline membrane disease. b Prematurity.
1 hour	1a Anencephalus.
1 hour	1a Extreme Prematurity.
2 hours	1a Respiratory failure due to congenital anomalies inconsistent with life. b Cystic kidneys
1 day	1a Prematurity.
1 day	1a Extreme Prematurity.
1 day	1a Foetal Anoxia. b Subarachnoid Haemorrhage. 2 Breech Primi gravida. Post maturity 5 weeks.

SECTION 23—MIDWIFERY SERVICE.

GENERAL ARRANGEMENTS.—The County Council provide a domiciliary midwifery service by employing whole-time District Midwives and District Nurse/Midwives. The day-to-day management of the service devolves upon the Director of Nursing Services and the two Area Nursing Officers. On the 30th September, 1972, eight midwives and ten district nurse/midwives were employed.

ANALGESIA.—All the domiciliary midwifery staff are qualified to administer inhalational analgesia.

Fourteen Entonox machines and ten Trilene machines comprise the equipment for the administration of analgesia.

Analgesia was administered in 77 cases (Entonox 66, Trilene 11). The percentage of domiciliary confinements receiving inhalational analgesia was 86.

Pethilorfan was also much used either alone or in conjunction with inhalation analgesia. It was administered in 46 cases. There is strict control in the use of dangerous drugs by midwives.

STERILISED MATERNITY OUTFITS.—Maternity outfits are available free of charge for all women confined at home. Eighty-eight outfits were issued during the year.

DELIVERIES.—The following table summarises the deliveries of hospital and domiciliary confinements and associated visits :—

Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives	Discharged within	
	2 days	181
	3-7 days	906
	8 or more days	251
	TOTAL	1,338
Number of domiciliary confinements attended by midwives under N.H.S. arrangements		89
Number of hospital confinements conducted by domiciliary midwives		11
DOMICILIARY VISITS :		
Ante Natal	1,044
Post Natal	10,845

SECTION 24—HEALTH VISITING.

STAFF.—At the time of going to press there is an indication that the staffing problem relating to Health Visitors is becoming easier, there is less difficulty in filling vacancies and increasing posts to develop and extend the service. At 30th September 1972, a total of 15 Health Visitors were on the strength, 9 whole time, 6 part time. By September 1973 the numbers should be increased by 1 whole time, in spite of resignations and retirements. Six Bursarships have been granted for September 1973, and it is anticipated this will produce 6 more additional qualified Health Visitors one year hence. All the Health Visitors are fully attached to Group Practices, and in two instances office accommodation is provided in the surgeries. Ancillary staff include 6 school nurses and 4 clinic assistants. The Health Committee's policy in providing residential accommodation for Health Visitors and in granting Bursarships to potential candidates has had no small measure in maintaining the reasonable level of staff. There is a total of 16 purpose-built bungalows available to rent furnished or unfurnished to Health Visitors, District Nurses or Midwives.

SUMMARY OF WORK.—The following table summarises the work of the Health Visitors and gives some indication of the extent of their duties :—

		Cases	Visits
Children born in 1972		1,398	6,696
Other children aged under 5 ...		4,692	13,014
Persons aged between 5 and 16 seen as part of health visiting (i.e. excluding those seen as part of school health service)		169	589
Persons aged between 17 and 64		285	1,012
*Persons aged 65 and over ...		314	1,650
Households visited on account of tuberculosis		16	37
Households visited on account of other infectious diseases		45	68
Households visited for any other reason		112	618
TOTAL ...		7,031	23,684
Number of persons included in the top five lines above who are :—	Mentally Handicapped	8	92
	Mentally Ill	5	102

*In addition Geriatric Visitors attended 1,243 aged persons making a total of 8,633 visits.

PHENYLKETONURIA.—The Guthrie test for this condition was instituted on 1st February, 1970. A total of 1,501 tests and 7 re-tests were carried out during 1972 with no true positive results.

SECTION 25—HOME NURSING.

GENERAL.—The County Council provide a domiciliary nursing service by the direct employment of whole-time District Nurses or District Nurse/Midwives, all attached to general practitioner practices.

STAFF.—At present there are 14 District Nurses employed, 10 full-time, 4 part-time, and 10 District Nurse/Midwives. The Health Committee's policy of appointing part-time relief nurses, S.R.N. or S.E.N., is proving a very useful measure providing flexibility to cover emergency requirements.

WORK UNDERTAKEN.—Home Nurses attended 4,440 cases, the number of visits being 56,386. The table below summarises the work of the home nurses during the year.

Place where first treatment took place	Number of persons treated during the year aged			
	Under 5	5-64	65 and over	Total
Patient's home	60	878	1,525	2,463
Health Centres	1	1,168	3	1,172
G.P.'s premises (excluding those in health centres)	462	Nil	200	662
Maternity and child health centres	1	Nil	Nil	1
Hospital	Nil	1	Nil	1
Residential homes	Nil	20	37	57
Elsewhere	Nil	Nil	84	84
TOTAL	524	2,067	1,849	4,440

The 4,440 patients above received 56,386 visits by the District Nurses.

Of the total cases attended, 4,440, 1,849 were aged 65 or over. This portrays the continuing involvement in the geriatric sphere, a representation of 40% of total cases. Seven geriatric nurses are now employed in an advisory capacity, plus 6 nursing auxiliaries (bath attendants) providing most useful ancillary services to the district nursing staff.

The Council's policy of employing Bath Attendants is now well established. During the year 389 patients were attended on 8,998 occasions.

SECTION 26—VACCINATION AND IMMUNISATION.

The Council's schemes provide for protection against smallpox, poliomyelitis, whooping cough, tuberculosis, diphtheria, tetanus, measles and rubella.

VACCINATION AGAINST SMALLPOX.—The Department of Health and Social Security has advised that vaccination against Smallpox need not now be recommended as a routine in early childhood.

Travellers to countries where Smallpox is endemic should still be protected by recent vaccination and hospital, medical and nursing staff and ambulance workers still need vaccination and re-vaccination as long as any risk of importation of smallpox remains.

The number vaccinated during 1972 is shown below :—

	Under 1 year	1 and Under 5	5 and Under 15	15 years and over	Total
Primary	1	14	9	153	177
Re-Vaccinations	—	2	24	349	375

The figures for 1973 will show a vast increase due to the impact of London being declared an "at risk" city by the World Health Organisation, following three cases of smallpox identified in the early Spring. The reaction of continental countries was to require a valid certificate of vaccination from all travellers, as this was the start of the holiday season, the Health Department was swamped with requests for vaccine, and over a period of approximately 6 weeks, starting early April 1973, approximately 1,200 people were vaccinated before the emergency was over.

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Number immunised against Diphtheria during the period 1959-1972										
Year	Boston Borough		Boston Rural		Spalding Urban		Spalding Rural		East Elloe Rural	
	Under five	Aged 5—15	Under five	Aged 5—15	Under five	Aged 5—15	Under five	Aged 5—15	Under five	Aged 5—15
1959	284	11	270	4	175	20	209	23	229	13
1960	302	39	305	9	175	9	274	22	295	10
1961	377	40	316	19	255	34	285	62	262	42
1962	336	13	287	18	176	23	236	23	246	16
1963	341	6	327	4	170	44	228	16	246	17
1964	397	5	298	4	222	5	257	23	239	24
1965	408	3	309	7	192	1	279	13	229	33
1966	404	5	338	9	235	4	242	2	252	6
1967	366	13	294	6	276	8	258	13	242	12
1968	384	8	257	15	228	1	238	10	245	7
1969	337	8	230	4	220	5	178	6	180	9
1970	370	10	264	13	232	3	224	13	231	8
1971	411	22	306	22	244	4	183	9	262	5
1972	390	8	293	3	197	4	182	2	246	5
Total	5107	191	4094	137	2997	165	3273	237	3404	207

DIPHTHERIA IMMUNISATION.—The arrangements are unchanged. There has not been a notified case of diphtheria in the County since 1948 and this fact makes it difficult to persuade some parents to accept immunisation.

At the commencement of school life primary or reinforcing injections are given by the school medical staff, and special sessions are arranged if necessary. The table on the preceding page shows the overall immunisation picture since 1959.

With few exceptions, immunisations against diphtheria are now carried out with combined prophylactics. The following table shows the number of children immunised during 1972 :—

District	Primary.				Boosters.
	Under 1	1-4 years	5-14 years	Total	All ages.
Boston Borough	329	61	8	398	723
Spalding Urban	140	57	4	201	487
Boston Rural	235	58	3	296	541
Spalding Rural	99	83	2	184	461
East Elloe Rural	172	74	5	251	601
Totals	975	333	22	1330	2813

The percentage of children immunised under one year (975) of total births (1444) for 1972 was 67.5%.

The percentage of children under 5 years of age who have been immunised was 70.2% and in the five to fourteen age group 82.8%.

WHOOPING COUGH VACCINATION.—Vaccination against whooping cough has been in operation since 1952 and the number of children immunised during the year is 1,298, all with combined prophylactics.

The following table shows the number of vaccinations against whooping cough, either alone or in combination with diphtheria and/or tetanus since 1965 :—

District	1965	1966	1967	1968	1969	1970	1971	1972
Boston Borough ...	410	407	376	386	339	375	420	392
Spalding Urban ...	192	238	282	226	214	227	234	199
Boston Rural ...	307	338	300	267	226	268	309	289
Spalding Rural ...	279	241	262	232	180	239	185	180
East Elloe Rural ...	227	253	240	238	179	221	256	238
	1415	1477	1460	1349	1138	1330	1404	1298

B.C.G. VACCINATION (Section 28, National Health Service Act).—The scheme for vaccination against tuberculosis was continued during the year in accordance with national policy for senior school children.

1,294 children received the initial skin test, of whom 1,141 had a negative reaction and 1,100 were vaccinated. 153 children showed a positive reaction to the test, 12% of the total.

Immunisation against Tetanus.

A steadily increasing demand is being made for single prophylactic in the older age groups, whilst with the triple vaccine, immunisation against tetanus in the under fives is producing a satisfactory level of immunity at an earlier age. The following table gives the statistical data and shows the development over the past eight years :—

		Under 5 years	5-15 years	Over 15 years
1965	Single Prophylactic	6	313	320
	Combined Prophylactic	1417	55	—
1966	Single Prophylactic	7	284	218
	Combined Prophylactic	1484	25	—
1967	Single Prophylactic	9	301	643
	Combined Prophylactic	1436	51	—
1968	Single Prophylactic	2	321	1176
	Combined Prophylactic	1348	40	—
1969	Single Prophylactic	3	201	1045
	Combined Prophylactic	1144	32	—
1970	Single Prophylactic	1	131	1017
	Combined Prophylactic	1321	47	—
1971	Single Prophylactic	—	79	952
	Combined Prophylactic	1406	62	—
1972	Single Prophylactic	—	62	789
	Combined Prophylactic	1308	22	—

MEASLES VACCINATION.—Vaccination against measles was introduced in 1966 and the annual progress is reviewed below :—

Numbers Receiving Protective Course					
1966	...	...	...	...	66
1967	...	...	...	...	331
1968	...	...	...	...	2,297
1969	...	...	...	...	921
1970	...	...	...	...	1,958
1971	...	...	...	...	1,578
1972	...	...	...	...	1,188

RUBELLA VACCINATION.—Vaccination against Rubella was introduced in September 1970 to girls aged 13 years. A planned approach within the educational system, personal to each girl rather than a general widespread approach with parental letters to individual schools, some six months after the B.C.G. programme has been implemented. Lists of acceptances forwarded to general practitioners who make their own arrangements.

In 1970 159 girls received vaccination against Rubella, 489 in 1971, and 355 in 1972.

The following table shows the situation today :—

Year	Vaccinations			
1970	159
1971	489
1972	355

POLIOMYELITIS VACCINATION.

The total number of persons who had been vaccinated against poliomyelitis at 31st December, 1972 was 59,881.

Of these, a total of 57,053 had received re-inforcing doses or injections and 26,012 of this number were school children between the ages of five and sixteen years.

Of the babies born in 1972, 26.3% had been vaccinated at 31st December, 1972, and by 31st March, 1973 this figure had risen to 42.5%.

Comparable figures for 31st December, 1971, and 31st March, 1972, for babies born in 1971 were 27.7% and 44.5%.

Percentages of completed vaccinations (primary course of 3 doses) at 31st December, 1972 are as follows :—

PRE-SCHOOL AGE GROUP.

Born in					Percentage Vaccinated	
					1972	1971
1971	...	...	...	...	79.9	27.7
1970	...	...	...	...	90.4	83.6
1969	...	...	...	...	87.6	86.8
1968	...	...	...	...	85.2	84.6

The above table and the one following show a steady increase, the pre-school age group slightly higher than the school age group.

SCHOOL AGE GROUP

Born in					Percentage Vaccinated	
					1972	1971
1967	...	...	...	...	93.5	92.7
1966	...	...	...	...	92.6	91.9
1965	...	...	...	...	92.8	92.4
1964	...	...	...	...	90.0	89.8
1963	...	...	...	...	93.0	92.9
1962	...	...	...	...	91.9	91.7
1961	...	...	...	...	94.1	94.1
1960	...	...	...	...	88.5	88.5
1959	...	...	...	...	92.0	92.0
1958	...	...	...	...	92.9	92.8
1957	...	...	...	...	93.2	93.2
1956	...	...	...	...	89.7	89.7

**Broken down figures in District Areas (percentage vaccinated)
at 31st December, 1972.**

PRE-SCHOOL AGE GROUP.

Born in			Boston Borough	Boston Rural	Spalding Urban	Spalding Rural	East Elloe Rural
1972	...	...	36.8	37.1	21.6	18.9	9.1
1971	...	...	81.2	96.3	65.2	66.6	89.4
1970	...	...	86.5	102.1	88.8	83.0	91.0
1969	...	...	83.0	90.5	88.2	82.6	89.7
1968	...	...	83.0	107.5	86.4	83.2	85.9

SCHOOL AGE GROUP.

Born in			Boston Borough	Boston Rural	Spalding Urban	Spalding Rural	East Elloe Rural
1967	...	...	90.4	100.6	94.7	90.7	89.2
1966	...	...	88.6	101.9	90.5	94.1	89.8
1965	...	...	91.6	99.7	92.7	94.8	85.0
1964	...	...	90.4	96.0	93.6	92.1	88.4
1963	...	...	83.9	107.0	98.0	98.9	84.7
1962	...	...	86.9	103.3	102.1	90.0	82.1
1961	...	...	90.3	97.5	95.7	96.9	92.4
1960	...	...	81.1	94.4	92.4	93.1	83.8
1959	...	...	93.8	97.6	94.1	102.2	84.2
1958	...	...	90.2	91.9	90.3	93.5	89.0
1957	...	...	94.1	93.7	90.4	91.0	85.9
1956	...	...	83.1	98.4	91.7	90.8	87.8

In the above figures there are six age groups that have exceeded 100% of children vaccinated. This is due to the fact that some children were born in other counties and have moved into this county prior to being vaccinated. It is an impossible task to deduct the numbers of those children from the number born in this county as the figures are unknown to us.

Re-inforcing Dose (15 to 18 years inclusive).

Out of 1,651 school children who had reached the age of 15 years during the year, 440 received this further dose, and the number of children over 15 years who had received it was 184, making a total of 624 for the year and a total of 4,167 since this further dose was introduced in 1968.

The help of Head Teachers of Senior Schools in contacting school children is sought each year before the children leave school.

It is now only necessary to contact 15 year old children as older children have already been offered this dose in previous years.

There are, however, still a few older children receiving this dose, having missed it at the age of 15 years possibly through changes of address and movements from one county to another.

PREVENTION OF ILLNESS (CARE AND AFTER-CARE.)

The Care Committee has pleasure in presenting the thirty-seventh Annual Report for the year ending 31st March, 1973.

B.C.G. Vaccination is offered as a routine to senior school

children at the age of 13 years and in 1972 1,100 children were vaccinated. The initial Tuberculin skin test is invaluable in selecting children for referral to the Chest Physician, at the time of the reading of the test, children who show strong positive results are offered X-rays of chest. Subsequently, a very small number are advised to have a prolonged course of appropriate medication supported with serial X-rays. This is a wise approach to infection at an early moment in time.

The average acceptance rate of this scheme is 72.0% and clearly there should be a much better response by parents and children. The Chest Physician reports that the incidence of Pulmonary Tuberculosis still remains very low in this county, with ten new notifications in 1972. There were three new cases of non-respiratory tuberculosis notified for 1972. Early case finding, the examination of contacts, family support, improved housing are all very relevant factors.

In all matters of After-Care, the Committee exercises a close working basis with all interested parties, trying to avoid duplication of effort.

The Marie-Curie Fund is administered by the Committee, recommendations to assist patients suffering from cancer are received from members of the District Nursing Services, a most helpful scheme in times of prolonged illness.

B.C.G. VACCINATION.

The following are the statistics for the year ended 31.12.72 :—

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act :—

CONTACTS.

(i) No. skin tested ...	...	...	...	...	...	70
(ii) No. found positive ...	...	...	...	...	...	29
(iii) No. found negative ...	...	...	...	...	...	41
(iv) No. vaccinated ...	...	...	...	...	...	41
(v) Babies vaccinated at birth ...	...	...	...	...	...	12

SCHOOL CHILDREN AND STUDENTS.

(i) No. skin tested ...	...	...	...	...	...	1,294
(ii) No. found positive ...	...	...	...	...	...	153
(iii) No. found negative ...	...	...	...	...	...	1,141
(iv) No. vaccinated ...	...	...	...	...	...	1,100

All children aged 13 years and over are offered the initial skin test. The average acceptance rate for the year was 72% and the rates for individual schools varied between the lowest 50.0% and the highest 90.0%.

COMMITTEE.

Regular monthly meetings of the Executive Committee have been held at Boston and Spalding alternately to consider reports of the visitors and to make grants. Attendance at these meetings has been reasonably good. The Committee wish to record their sense of loss occasioned by the death of Mrs. L. Turner and Miss E. K. Casswell, both past members of the Care Committee. Mrs. Turner had suffered a long illness which she had borne with great fortitude and the fact that her family, friends and neighbours had contributed a total of £59.30 to the Marie Curie Memorial Foundation Fund is, in itself, a great tribute to Mrs. Turner who will be sadly missed by us all. Miss E. K. Casswell, a member of many years with dedicated service to the community, will also be greatly missed by family, friends and neighbours.

All cases referred to the Committee are investigated and assistance granted, where possible.

CASES ASSISTED.

A large number of visits have been made by members of the Executive Committee and help has been given as follows :—

TUBERCULOSIS SCHEME.

Milk. Grants of 1 to 2 pints of milk daily have been given in 8 cases. Milk so supplied has averaged 40 gallons per month.

Coal. 1 case.

Toilet Goods. 1 case.

Clothes. 1 case.

GENERAL AFTER-CARE.

Milk. Allowances of 1 to 2 pints daily in 33 cases. (Approximately 80 gallons per month).

Grocery Allowances. Complan, Horlicks, etc. 3 cases.

Footwear and/or Clothing. 4 cases.

Coal. 2 cases.

Grants in 4 cases (for specific items).

Toilet Necessities in 38 cases.

Loan of Bed Pads and Ripple Bed. 4 cases.

This statement does not include assistance given privately from time to time by members of the Committee, an amount of clothing and bedding provided by the Boston and Spalding Women's Royal Voluntary Service, and grants made by the Department of Health and Social Security.

MARIE-CURIE MEMORIAL FOUNDATION FUND. During the year ended 31.3.73 allowances were made under the following headings :—

Milk	...	...	...	...	...	...	28
Groceries	...	...	...	...	...	...	1
Brandy	...	...	...	...	...	...	17
Complan, etc.	...	...	...	...	...	...	6
Toilet necessities	...	...	...	...	...	...	6
Coal	...	...	...	...	...	...	2
Loan of special equipment	...	...	...	...	...	...	11

These allowances amounted to £379.24.

CO-OPERATION WITH OTHER BODIES.

The Committee acknowledges gratefully the assistance given by officials and voluntary organisations during the year, from the Social Services Departments, the Managers of the Departments of Health and Social Security and Employment and Productivity, the Medico-Social Worker (Boston Group Hospital Management Committee), the Women's Royal Voluntary Service, and the District Housing Authorities.

APPRECIATION AND APPEAL.

The Committee wish to offer their sincere thanks to all who have helped their work in any way, and particularly to Dr. J. Fielding (County Medical Officer) and Dr. A. M. Forrest (Chest Physician), for their advice and guidance. The work covers a very wide field and the Committee therefore appeal with confidence for continued support.

Medical Loan Depots.—During the year the County Council continued the arrangements for the loan of nursing equipment and appliances on the recommendations of the family doctor or the district nurse.

The following depots function :—

BOSTON.—County Hall. This is intended to operate when demands cannot be met by the voluntary associations. Applications are dealt with during office hours.

BOSTON.—Red Cross Depot, Rosegarth Street, Boston. This depot, which is administered by the local branch of the British Red Cross Society, is open each evening from 6.30 p.m. to 8 p.m.

HOLBEACH.—Depot at 17 Fleet Street. Administered by Holbeach Division of St. John Ambulance Brigade.

SPALDING.—Depot maintained by the St. John Ambulance Brigade. The area covered includes the Spalding Urban and Rural Districts.

SUTTON BRIDGE.—80 Bridge Road. This depot is managed by the St. John Ambulance Brigade.

CROWLAND.—British Legion Depot. This depot is administered by members of the local branch. No charge is made for any article loaned.

The articles in most demand are bed-pans, air-rings, mackintosh sheets, back rests, urinals, bed tables, crutches, hot water bottles, bed cradles and invalid chairs.

The depots may send in requisitions as and when necessary to the County Council for additional stock or renewals, except in the case of the Boston Red Cross where an annual subscription is paid.

Applications were received and dealt with as follows :—

Depot	Cases Assisted	Articles Loaned
Boston (Red Cross)	163	202
Boston (County Hall)	13	14
Crowland (British Legion)	27	50
Holbeach (St. John Ambulance) ...	38	49
Spalding (St. John Ambulance) ...	139	164
Sutton Bridge (St. John Ambulance)	28	46

VENEREAL DISEASES.—The provision of treatment for these diseases is the responsibility of the Regional Hospital Board. Generally speaking, patients from the Holland area attend at the Boston Pilgrim Hospital, or at the West Norfolk and King's Lynn Hospital, King's Lynn.

The following table shows the number of new cases for this area treated at special clinics during the year.

New Cases	Boston Clinic	King's Lynn Clinic	Total
Syphilis	—	—	Nil (2)
Gonorrhoea ...	29	3	32 (38)
Other Conditions	102	13	115 (102)
Total	131	16	147 (142)

Note : The figures in brackets relate to the year 1971.

CIRCULAR 38/68.—Members of the administrative nursing staff continue to follow up contacts on request, minimal, one or two a year.

HEALTH EDUCATION.

1972 has again seen expansion to the Health Education Programme. Schools and the general public are becoming more aware of the need for positive health and are requesting programmes to promote this.

Some work has been routine, such as poster distribution to clinics, surgeries, schools and other organisations. There has been a greater request for information leaflets this year, the main increases being in subjects relating to Cancer, Smoking and Family Planning.

In Senior Schools, the demand for regular classes in Health Education is increasing rapidly. Although the demand is often for Parentcraft; this has included other aspects of healthy living; such as Dental Health, Obesity, Relationships, Venereal Disease, Illegitimacy and other subjects brought up by the pupils.

A group of pupils in three senior schools devote a whole morning or afternoon each week to Health Education. In other schools one lesson a week for one year. Very little formal teaching is given, but short films, slides, or tapes, are used to start group discussion, allowing the pupils to explore subjects and express their own opinions. In one school a course in First-Aid is conducted with the co-operation of the St. John Ambulance Brigade and the pupils take the examination and receive a certificate on passing. Without the help and co-operation of the Health Visitors and School Nurses these programmes could not be carried out. This has now reached saturation point unless these members of staff neglect their other work, to do more group Health Education.

The Health Education Officer has met several groups of parents and school staff to discuss programmes with them and to enlist their help.

The preparation for Childbirth and Mothercraft classes have continued to increase. New classes have been started in Long Sutton and Crowland during the year, while those at Spalding, Boston, Holbeach and one surgery in Boston have continued. Fathers' Evenings are now held regularly in Boston, Spalding and Long Sutton. The total number of attendances at classes in 1972 was 2,634.

Voluntary organisations have continued to request talks, or short courses. For Youth Clubs, the popular subjects have

been First-Aid, Child-Care, Home-Safety and Resuscitation. Among the Adult organisations there has been a strong move towards the interests and outlooks of Adolescents and Young Adults and their education in health matters. This indicates and is borne out by their questions, a real endeavour towards understanding the young people of today.

Visitors to the Health Education Section have included students from many backgrounds and include, Nurses ; Health Visitors ; Teachers and Pupils from Senior Schools. Some of these have had a day, or a week's programme, but the student nurses have had a three months Community Services Programme arranged, to show the work of all aspects of the health team, including Social Services and Voluntary organisations.

The Health Education Officer attended a four day seminar for Health Education Officers at York, which was a valuable opportunity for meeting and discussing future plans and hopes, with other members working in Health Education.

The East Midlands Home-Safety Group has been meeting regularly and again has provided an opportunity to keep up-to-date with current safety problems.

For the next year schools are looking ahead and requesting more help with health subjects. The raising of the school leaving age, gives an excellent opportunity to educate the young people in a healthy way of life, with the hope that there will be less of the problems which exist today. If they do not change their attitudes and habits right away, it is to be hoped that they will have the knowledge to recognise when things begin to go wrong and to act upon it.

At present the Health Education Officer has a full programme and other members of the health team are assisting to their capacity, the problem will be one of staff availability.

Special activities on smoking (Circular 33/71) have been mainly series of talks, similarly in respect of venereal disease. Senior members of the nursing staff have attended special 2-day courses on venereal disease.

TUBERCULOSIS.

DEATH RATE.—The death rate for all forms of tuberculosis in the county was 0.03 per thousand, compared with 0.04 for England and Wales.

REPORT OF THE CHEST PHYSICIAN.—Dr. A. M. Forrest has kindly furnished the following information.

The situation as far as Tuberculosis in this County is concerned continues to be very satisfactory. There were 8 new cases of Tuberculosis, 5 Pulmonary, notified in 1972, and 3 deaths. Contacts in all cases were investigated thoroughly with negative results as far as incidents of Tuberculosis was concerned in every case. All Mantoux negative child contacts were offered B.C.G. vaccination.

As far as all other respiratory diseases are concerned the picture has not improved at all. The incidence of Bronchogenic Carcinoma even in a rural area is high and the prognosis remains unchanged, i.e. only 5% survive over a period of 5 years. The high morbidity and mortality of Chronic Bronchitis remains unchanged.

The following table shows since 1962 the new cases of tuberculosis notified each year in the administrative County together with the case-rate per 1,000 of the population.

Year	Notifications			Case-rate per 1,000 of the population		
	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Tuberculosis (all forms)	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Tuberculosis (all forms)
1962	13	6	19	0.12	0.06	0.18
1963	8	3	11	0.08	0.03	0.11
1964	16	3	19	0.15	0.03	0.18
1965	11	3	14	0.11	0.03	0.13
1966	12	2	14	0.11	0.02	0.13
1967	10	1	11	0.09	0.01	0.10
1968	2	2	4	0.02	0.02	0.04
1969	7	3	10	0.07	0.03	0.10
1970	6	1	7	0.06	0.01	0.07
1971	10	1	11	0.10	0.01	0.11
1972	5	4	9	0.05	0.04	0.09

The table which follows shows the number of deaths registered and the death rates recorded during the years 1962 to 1972 in the administrative County.

Year	Deaths			Death rate per 1,000 of the population		
	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Tuberculosis (all forms)	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Tuberculosis (all forms)
1962	7	Nil	7	0.07	Nil	0.07
1963	2	2	4	0.02	0.02	0.04
1964	4	1	5	0.04	0.01	0.05
1965	2	Nil	2	0.02	Nil	0.02
1966	5	Nil	5	0.05	Nil	0.05
1967	5	Nil	5	0.05	Nil	0.05
1968	1	1	2	0.01	0.01	0.02
1969	1	2	3	0.01	0.02	0.03
1970	2	2	4	0.02	0.02	0.04
1971	2	Nil	2	0.02	Nil	0.02
1972	2	1	3	0.02	0.01	0.03

SECTION 27—AMBULANCE SERVICE.

This service is managed directly by the Council through the County Ambulance and Transport Department, and the following details have been supplied to me by the County Ambulance and Transport Officer in respect of the year ended 31st March, 1973.

Number of patients carried

	Emergency	Ordinary	S.H.S. etc.
by ambulance	2,046	11,121	160
Number of patients carried			
by car	38	54,476	16,703
Supplementary Car Service	5	11,085	26,200
Patients carried by rail	—	138	—
	2,089	76,820	43,063
		Total 121,972	

Mileage Covered.

	Ambulance	S.H.S. etc.
(a) Ambulances	131,392	745
(b) Council Cars	274,636	60,346
(c) Supplementary Cars	139,116	70,399
(d) Rail	11,765	—
	556,909	131,490
		688,399

Mileage covered by Ambulance Service vehicles on “non-patient” journeys

H.C.C. and Supplementary	86,771
	775,170

Abortive journeys ... 593

Miles per patient ... 5.6 —1.1 miles per person

The above figures show the following variations as compared with the year ended 31st March, 1972 :—

Patients carried	=	plus 21,394	=	plus 21.3%
Mileage				
(includes all mileages)	=	minus 15,201	=	minus 2.0%
Abortive journeys	=	plus 202	=	plus 51.7%

The establishment at the end of the period was as follows :—

Station Officers	2
Head Driver	1
Wholetime Driver/Attendants	25

Wholetime Woman Attendant	...	...	1
Works Superintendent	...	...	1
Wholetime Mechanics	...	...	6
Wholetime Apprentice Mechanic	...	...	1
Number of Ambulances	...	...	10
Number of Utility Ambulances	...	...	6
Number of Sitting Case Vehicles	...	...	11
Number of Ambulance Stations	...	...	3

The following figures taken from the Ambulance Service Statistics 1971/72 published by the Department of Health and Social Security for the forty-five English Counties, indicate that Holland's costs are among the lowest of all Counties.

Expenditure and Unit Costs	Holland		Average	
	£ p		£ p	
Cost per person carried—				
directly provided service (lowest)	...	1.15	...	2.33
supplementary (incl. Hospital				
Car Service)	...	0.34	...	0.54
whole service (lowest)	...	0.90	...	1.91
Cost per vehicle mile—				
directly provided service (2nd lowest)		0.18		0.35
supplementary (incl. Hospital				
Car Service)	...	0.05	...	0.05
Cost per 1,000 population of service area	...	832.00	...	954.00

Whilst Holland's 932 "persons carried per 1,000 population" is the second highest of all the counties, only seven counties have a lower cost per 1,000 population.

With twenty-six wholetime staff and twenty-seven operational vehicles the ratio of staff per vehicle at 0.96 is by far the lowest in the Country, the National average being 2.29.

During the year two utility ambulance vehicles were replaced by two Ford Transit Custom buses one with 15-seats and one with 13-seats. A coach-built wheelchair ambulance on a British Leyland chassis was received during the year and has been used with great success in the conveyance of patients to the Geriatric Day Unit at London Road Hospital and handicapped persons to the Social Services Department's handicraft classes.

Three volunteers have given considerable assistance during the year as escorts for long distance journeys by ambulance and train. Forty-two members of the Hospital Car Service have used their own vehicles for the conveyance of sitting patients. My thanks and those of the County Council are due to all these good people.

For reasons of efficiency and economy gas and electric fires have been installed at the Ambulance Stations at Spalding and Holbeach respectively, and on the death of the old age pensioner telephonist, a telephone answering device was installed by the General Post Office at the Holbeach Station.

CHIROPODY SERVICES.

The year saw a 50% increase in new referrals rising from 239 in 1971 to 351, with a resulting increase of approximately 500 treatments. Each year sees an increase of registrations, new referrals always being greater than patient discharges.

A chiropody clinic was started at the Long Sutton Health Centre in December providing a much more convenient service to local residents. For 1972's statistical purposes the single session held at Long Sutton has been included in the Sutton Bridge figures.

The continuing shortage of chiropodists still restricts the service, but with the total number of 13 chiropodists available, this area fares better than most. The Liaison Chiropodist reports that an additional member of staff is likely to be available soon.

At the time of going to press the waiting list has been reduced to 34 for the whole county, 11 for Boston, 6 for Spalding, 5 for Donington and 5 for Wrangle, and insignificant as far as the rest of the county is concerned.

Statistical breakdown follows :—

Service Providing Surgery, Clinic and Domiciliary Treatments

	1971	1972
New Registrations	239	351
Total Registration at 31st Dec. ...	1,789	1,911
Domiciliary Registration at 31st December	215	252
Total treatments provided	8,848	9,327
(a) In Surgeries	4,207	4,255
(b) In Clinics	3,797	4,028
(c) Domiciliary	844	1,044
Average number of treatments per patient	4.2	4.3
Number of applications for free treatment	30	28
Analysis of Recommendations :		
General Practitioners	21%	29%
Clinic Doctors, Health Visitors, and District Nurses	76%	66%
Registered Voluntary Organisations	3%	5%
Average age of new referrals other than physically handicapped ...	73.4	74.4
Average age of domiciliary patients	77 yrs.	79 yrs.

Clinic Tables 1972	Boston	Donington	Holbeach	*Sutton Bridge	Spalding	Wrangle	Crowland	All Clinics 1971	All Clinics 1972
Patients average age	74	75	72	74	75	76	76	73.4	74.4
% of transport cases	70%	75%	51%	31%	76%	67%	50%	58.40%	60%
Average number of treatments per session	7.2	7.0	7.5	7.1	7.0	7.4	8.0	7.3	7.4
Waiting list (end of year)	32	2	9	1	8	8	4	82	64

*Note : Figures for Sutton Bridge include 1 session at the newly started clinic at Long Sutton Health Centre in December.

INSPECTION AND SAMPLING OF FOOD FOR THE YEAR.

FOOD AND DRUGS ACT 1955.

Sampling duties under this Act were carried out by the County Health Inspector, Mr. G. R. Allenby, who was also the authorised officer for sampling under the provisions of the Food and Drugs Act 1955.

During the year 285 samples were submitted to the Public Analyst. Of these 7.51% were shown to have irregularities as compared with 1.74% in 1971 and 6% in 1970. The 1971 figure of irregularity was unduly low and this year's figure gives a much more correct picture. The public generally are becoming more critical of standards and more likely to report foods not reaching the required standards to the authorities.

It was, however, not considered necessary to take legal action in respect of any of the unsatisfactory samples.

The following is a list of samples submitted to the Public Analyst.

Formal Samples							Examined
Butter	...	...	...	...	...	...	2
Milk	...	...	...	...	...	...	21
							—
							23
							—

Informal Samples							Examined
Additives	...	...	...	...	...	...	2
Baking Powder		...	...	...	...	...	2
Biscuits	...	...	...	...	...	...	7
Bread and Breadcrumbs	...	...	...	...	...	...	3
Breakfast Cereals	...	...	...	...	...	...	2
Butter	...	...	...	...	...	...	1
Beer and Cider	...	...	...	...	...	...	1
Cake Decorations	...	...	...	...	...	...	5
Cereals, whole and processed	...	...	...	...	...	...	5
Condiments	...	...	...	...	...	...	4
Cheese	...	...	...	...	...	...	2
Coffee Extracts	...	...	...	...	...	...	3
Cakes	...	...	...	...	...	...	2
Colourings	...	...	...	...	...	...	1
Cocoa	...	...	...	...	...	...	1
Desert Powders and Preparations	...	...	...	...	...	...	12
Drinks, crystals and powders	...	...	...	...	...	...	1

Informal Samples
Examined

Drinks (Liquid) non-intoxicating ...	7
Essences and flavourings	1
Fish Pastes and Spreads	3
Flour	3
Flour confectionery	2
Fats	3
Fish, canned	4
Fruit, canned	11
Fruit juice	8
Fruit pie	1
Fruit, glace, etc.	5
Fruit, raw, frozen and dried	4
Game and Poultry, canned	1
Game and Poultry paste and pate	1
Gravy powder and browning	1
Gelatine and Gelling agents	1
Health and Vegetarian foods	1
Herbs	2
Infant Foods	5
Ice lolly mix	1
Ice cream	4
Ice cream mix	1
Jam and conserves	3
Jelly, table	2
Meat paste, pate, spread	8
Meat pies, puddings, rolls	10
Margarine	5
Meat, canned	4
Milks, dried	4
Milks, various	4
Mayonaise and salad cream	1
Meat, various	1
Meals, ready	1
Milk puddings, canned	4
Nuts, dessicated	1
Nuts, chopped and ground	3
Nuts, pastes and spreads	3
Nuts, whole	1
Pasta products, canned	3
Pickles	2
Preserves, mincemeat, curd	5
Puddings	2
Rennet	1
Sauces	3
Soup, dried	3

Informal Samples**Examined**

Spices, ground	4
Spices, whole	1
Sugar, confectionery	5
Sausages	2
Soups, liquid	4
Starches	2
Sugar, natural	1
Sugar, prepared	2
Tea	1
Table wines	1
Vegetable, canned	19
Vegetable, juice	1
Vinegar	3
Vegetables, fresh, frozen and dried ...	8
Yeast	1
	<hr/>
	257
	<hr/>

Drugs

Cough Preparation	4
Laxatives	1
	<hr/>
	5
	<hr/>

Milk

The average of milk samples reported to be genuine was:—

For ordinary Standard Milk.

Average 1972				Average 1971			
Milk Fat	...	...	3.82%	Milk Fat	...	...	3.80%
Solids not fat	...	...	8.74%	Solids not fat	...	...	8.79%

The presumptive legal standard is:—

Milk Fat	...	...	3.0%
Solids not fat	...	...	8.5%

Channel Island Milk.

This milk must have a minimum fat content of 4.0%.

Average 1972				Average 1971			
Milk Fat	...	...	4.75%	Milk Fat	...	...	4.58%
Solids not fat	...	...	9.17%	Solids not fat	...	...	9.31%

Details of Routine Samples in respect of which some adverse comment was made.

Mashed Potato. It was considered that the word instant should be added to the label of these products, the manufacturers agreed and have altered their labels.

Beef Spread slightly deficient in Meat. Further samples were taken and found to be satisfactory.

Cough Linctus. These were deficient in alcohol according to the label declaration. The manufacturers investigated this and have instituted further checks during processing to obviate any future deficiency.

Lunch Tongues. These were deficient in meat as labelled. The labelling had been altered to "Lunch Tongues in Jelly", with this description the product complies with the regulations.

Potted Pork deficient in Meat. This particular product appears to have been taken off the market, at present.

No-Stick Spray for cooking utensils. The propellant which appeared to be halogenated Hydro-carbon was described in the list of ingredients merely as "Propellant". The manufacturer has agreed to describe it more fully in future labels. It was also pointed out to the manufacturers that the Food Additive and Contaminants Committee recommendations did not list halogenated hydro-carbons as one of the substances recommended for use as a propellant.

Outline Low Fat Spread.

There would appear to be some doubt as to whether this product is in fact margarine or is some completely different substance not covered by the Regulations. Other Food and Drugs Authorities in the country have doubts regarding this product which if regarded as margarine does not confirm to the regulations. It would appear, however, that the matter could not be decided except by the courts.

Hot Lemon Tea Drink. The manufacturers were told that this should be described not as a drink but as a drink powder.

Shandy. This sample was deficient in proof spirit by 35% of the amount normally required. This requirement is not legally enforceable until the 1st January 1973 by which time the producing company intended to raise the strength of its products.

Crystallised Mimosa. This product did in fact consist of tiny black seeds of the brassica family coated with sugar. It was therefore inappropriate to call the product Crystallised Mimosa. The manufacturer was approached and they now describe the product as Crystallised Seeds Mimosa Style.

Canned Dressed Crab. This sample contained 80 parts per million of zinc, the recommended limit being 50 parts per million. Further samples were taken and were found to have a zinc content well below the recommended limit.

Garden Peas and Carrots, Bean Sprouts, Canned Sliced Beetroot. The carrying liquid was not mentioned in the title of these cans. This has now been rectified.

Lychees. This can did not bear a list of ingredients. This has been taken up with the importers.

Samples sent to the Analyst following complaint.

Milk Powder. This was a sample of milk powder taken from one of the County Council school kitchens and found to contain conglomerated milk solids with multi-coloured moulds. The County Health Inspector and the School Meals Organiser had discussions with the Manufacturer's representatives; the affected milk was all replaced and a satisfactory explanation given for the presence of the mould.

Milk and Milk Bottle Foreign Particles. This milk bottle contained vegetable fragments which were possibly insect increment. The member of the public making the complaint did not wish further action to be taken and the matter was left after an apology was received from the firm by the complainant.

Fruit Cocktail. This can had been slightly corroded and the lead content was in excess of the recommended limit. Most of the consignment in the shop was found to be in a similar condition and all were removed from sale. The Head Office of the Supermarket chain was also informed in order that they could investigate their other stocks.

Vegetable with Beef Toddler Food. This was a complaint of a dead house fly in the can. There was insufficient evidence to establish whether the fly had been cooked in the can or not although there was a strong possibility of this. In the circumstances the manufacturers were informed but no further action was taken.

Milk (Special Designations) Regulations 1963.

Throughout the year frequent visits have been made to Milk Dealers and the Milk Pasteurising Plant situated at Pinchbeck. Milk samples are submitted to the Public Health Laboratory Service weekly for bacteriological analysis and seven sets of 18 bottles were submitted during the year to test the bacterial quality of bottles at the dairy before the milk is added.

Number of samples taken to test the adequacy of the treatment process and as a measure of the keeping quality.

Pasteurised Milk	...	...	...	239
Sterilised Milk	...	...	...	18
Ultra Heat Treated Milk	...	...	...	15
				<hr/>
				272
				<hr/>

Only one of these samples failed the tests.

Milk Supplies—*Brucella Abortus*.

For the second year in succession no significant amounts of untreated milk have been sold in the county of Holland. It was therefore again unnecessary to sample for the detection of *Brucella Abortus*.

School Swimming Pools.

During the year all of the 29 pools used by schoolchildren within the county were regularly visited and 224 samples were submitted to the Public Health Laboratories in Lincoln and Peterborough for bacteriological analysis. In addition to these samples taken by the County Health Department, weekly samples are taken at the Boston Municipal Pool by the Boston Borough Health Department.

The standard of maintenance of the pools has improved during the year. This is partly as a result of the tightening up of the controls exercised by the County Council and partly due to the improved skills and experience of the pool operators. The Training Sessions which have now become an established feature at the start of the swimming season have gone a long way towards this end. The County Health Inspector participates in this session together with other County Officials and representatives of the firms dealing with the pool maintenance and the supply of chemicals. With reference to chemicals, all pools were stabilised at the beginning of the year with cyanurate acid. This proved of great benefit at the start of the season and enabled all the schools to retain their chlorine residuals with smaller amounts of sodium hypochlorite, and a consequent improvement in pool hygiene.

The County Health Department has been consulted during the year at the design stage of two pools which should become operational during the next year. Early consultation such as this should enable schools to avoid possible pitfalls in their pool construction programme.

Schools

All schools and school meal kitchens were visited by the County Health Inspector during the year. A pleasant relationship was maintained with the Education Department so that any problems appertaining to food hygiene or environmental health were resolved satisfactorily. Assistance was given to the School Meals Service with hygiene problems concerning their food contracts. The County Health Inspector also gives talks on Environmental Health in some of the County Secondary Schools and once again assisted in Personal Relationship Courses at the George Farmer School, Holbeach.

Atmospheric Pollution.

The volumetric apparatus for measuring the amount of

smoke and sulphur dioxide in the air continued to be maintained at the Old Leake Church End School, the bulk of the work being carried out by the Science staff at the Giles Secondary School, Old Leake, under Mr. P. A. Moxon, the Head of the Science Department. The results are sent to the Warren Springs Laboratory of the Department of Trade and Industry for compilation with the national figures. The last available computed figures show that the pollution by smoke and sulphur dioxide at this site is below the national average by over 30% and 60% respectively.

Co-operation with other Authorities.

The County Public Health Inspector continued to co-operate with the District Authorities and in particular with the District Public Health Inspectors.

Considerable work has been carried out during the year in connection with the forthcoming re-organisation of local government. The County Health Inspector was a member of the Health Study Group and attended a number of meetings in each of the three county towns. The end product has been a report on the Future Management of the Environmental Health Services in the County of Lincolnshire which was submitted to the Clerks Study Group.

SANITARY CIRCUMSTANCES OF THE AREA.

The general sanitary administration of the County was carried out by the five District Councils :—

District	Name of M.O.H.	Address.
Boston Borough and Port	G. Hird, M.B., Ch.B., D.P.H.	6 Bridge Street, Boston.
Spalding Urban ...	Post Vacant	Town Hall, Spalding.
Boston Rural ...	G. Hird, M.B., Ch.B., D.P.H.	126 London Road, Boston.
East Elloe Rural ...	Post Vacant	Mattimore House, Holbeach.
Spalding Rural ...	Post Vacant	Priory Road, Spalding.

Note : Dr. G. Hird is acting M.O.H. for the three vacancies

HOUSING.

The following information has been supplied by the officials of the District Councils :—

District	By Local Authority		By private enterprise	
	Completed during 1972	In progress 31.12.72	Completed during 1972	In progress 31.12.72
Boston Borough				
Houses	20	81	98	56
Bungalows	—	—	85	58
Flats	12	16	38	—
Spalding Urban				
Houses	—	—	32	26
Bungalows	—	15	18	20
Flats	—	—	1	—
Boston Rural				
Houses	17	23	23	Not Available
Bungalows	16	26	26	
Flats	39	45	45	
East Elloe Rural				
Houses	40	—	102	90
Bungalows	37	21	71	79
Flats	—	—	—	—
Spalding Rural				
Houses	—	—	133	183
Bungalows	—	8	—	—
Flats	—	—	—	—

WATER SUPPLY.

The following particulars have been kindly furnished by the Engineers of the two Water Boards serving the County.

EAST LINCOLNSHIRE WATER BOARD.

Sources of Supply.

- (a) **Fordington.** (Boreholes in the Spilsby Sandstone—safe yield .85 m.g.d.) in the Spilsby Rural District and 4 miles north of Spilsby—approximately 20 miles from Boston.
- (b) **Revesby.** (Impounding reservoir and catchment area approximately 2,000 acres—safe yield 0.2 m.g.d.) in the Horncastle Rural District and approximately 12 miles from Boston.
- (c) **Bulk Supplies** from the South Lincolnshire Water Board (Supply points London Road—Fishtoft Road—Clifton Road). Maximum quantity under Agreement 1 m.g.d.

Rainfall.

The rainfall at Revesby during the year 1972 was 22.35 inches (annual average 25.33 inches).

Volume of Water Supplied with Comparison for 1971.

THOUSANDS OF GALLONS

Year	Revesby	Av. g.p.d.	Fordington	Av. g.p.d.	Bulk	Av. g.p.d.	Total	Av. g.p.d.
1971	161,350	442	252,294	691	271,496	744	685,140	1,877
1972	186,921	511	201,698	551	297,995	814	686,614	1,876
+	25,571	9			26,499	70	1,474	
—			50,596	140				

In addition to the supplies to Boston Borough, the above figures include the parishes of West Fen, Carrington, Frithville, Sibsey, Westville, Thornton-le-Fen and Langrville in the Spilsby Rural District; the parish of Revesby in the Horncastle Rural District; and parts of the parishes of Fishtoft and Brothertoft in the Boston Rural District.

CONSUMPTIONS FOR 1972.

- (i) The domestic consumption per head per day was 34 galls.
- (ii) Total metered consumption per day was 797,803 galls. (25.2 galls. per head per day).

Thus consumption for 1972 equates to 59.2 galls. per head per day for all purposes (including waste).

Quality of Water.

- (i) Monthly samples of the raw and treated water passing to supply at Revesby and Fordington have been submitted to the Public Analyst at Nottingham (E. Fogden, Esq., B.Sc., F.R.I.C.) and 169 No. samples of the water in the mains have been submitted to the Public Health Laboratory Service at Lincoln for bacteriological analysis. No adverse reports have been received in respect of treated water passing into the system.
- (ii) The water has no plumbo-solvent action

Quantity of Water.

- (i) The supply during the year was satisfactory.
- (ii) The proportion of the houses in the Borough supplied by standpipes and outside taps is relatively small and mainly confined to the old parts of the town. Less than .5% of the approximate 9,200 houses are without piped water supply.

SOUTH LINCOLNSHIRE WATER BOARD.

Supplies were satisfactorily maintained to all parts of the area throughout the year. The peak summer demand was lower than in 1970 and 1971, but, owing to the unusually dry weather, consumption remained at a relatively high level over the last 5 months of the year.

- (i) Work on the reconstruction of Bourne Pumping Station commenced in April 1972 and completion is expected towards the end of 1973.
- (ii) The new source at Rippingale was brought into operation on a temporary basis in April 1972.
- (iii) Work commenced on the installation of an additional 250,000 gallons storage tank at Weston Pumping Station which should be completed in time for the peak demand period in 1973. This additional storage will smooth out the differences between supply and demand in East Elloe Rural District.

The total quantity of water supplied to the area from the various source works during the year was as follows :—

	Gallons
Bourne (part only)	1,254,356,000
Jockey	657,921,000
Rippingale	67,500,000
Wilsthorpe (part only)	58,042,000
	<hr/>
	2,037,819,000
	<hr/>

This represents an increase of 143,996,000 gallons (7.6%) on the figure for 1971.

The above total quantity of water was distributed to the various local authority areas as follows :—

	Gallons
East Lincs. Water Board	305,640,000
Boston R.D.C.	395,547,000
Spalding U.D.C.)	
Spalding R.D.C.)*	1,336,632,000
East Elloe R.D.C.)	
	<hr/> 2,037,819,000 <hr/>

*The calculated approximate consumptions in each of the three individual local authority areas are as follows :—

Spalding U.D.C.	567,000,000
Spalding R.D.C.	346,000,000
East Elloe R.D.C.	423,000,000

Samples of water from each source of supply together with samples from various points within the distribution system were submitted every week for bacteriological examination at the Public Health Laboratory, Peterborough. All samples were satisfactory with the exception of one or two raw water samples from the Wilsthorpe source which were subject to slight bacteriological pollution. The chlorination equipment installed at this station ensured that all water put into supply was of a satisfactory quality.

Copies of chemical analyses of raw water from each source of supply taken during the year are attached.

Details of mains laid in each local authority area during the year are shown in the following table :—

AREA	Length Laid (Metres)				
	50 mm (2")	76 mm (3")	102 mm (4")	152 mm (6")	Total
East Elloe R.D.C.		1660	116		1776
Spalding U.D.C.		908	145		1053
Spalding R.D.C.	75	1211	413	202	1901
Boston R.D.C.	41	1096	876		2013
TOTALS	116	4875	1550	202	6743

Fluoridation of Public Water Supplies

There is no change in the Council's policy of not proceeding with arrangements for fluoridation.

SEWERAGE IMPROVEMENTS IN 1972.

BOSTON BOROUGH.

Small sewerage schemes at Wyberton West Road and Wyberton Low Road which were commenced in 1972 have now been completed.

Design work is proceeding on the Tattershall Road Sewerage Scheme and it is hoped that construction will commence late 1973 or early 1974.

BOSTON RURAL.

Frampton Regional Sludge Disposal, Frampton Sewage Works Extension.—Work on the Regional Sludge Disposal scheme is now nearing completion. The main filter press house, holding tanks and pumping stations are almost complete and the majority of the equipment, including the filter presses, is in position. The Works should be completed in July of this year.

A Contract has been let (April, 1973) for the extension of the main sewage works at Frampton. The Contract has a time for completion of sixteen months, which will enable the plant to be constructed contemporaneously with the extensive housing developments which are scheduled for development within the sewerage area of the Works.

Fishtoft Sewerage and Sewage Works Extension.—Work is now well advanced on uprating the sewers and Pumping Stations to receive the full flow from the extensions to Pilgrim Hospital. Main sewerage is being provided in the Fishtoft Village area and this work is approximately 50% complete.

Work is also in progress with the extension of the Fishtoft Sewage Works. The completion date for this whole scheme is July, 1974, and construction progress is at this time up to schedule.

Sutterton and Wigtoft Drainage.—The main drainage scheme for this area was completed during the year. The scheme was brought into service in March, 1973.

Fosdyke—Bell Lane.—The extended aeration disposal works was commissioned in April, 1972. (Serving the Council Houses and two immediately adjacent private houses).

Old Leake Commonsides.—The Department of the Environment has approved a scheme for main drainage in the Commonsides area. This scheme is scheduled for commencement during 1973.

Benington Village.—All the drainage from the Post War Council Houses in Bede Crescent is passed through an Estate Works—the sewerage of Benington Village is therefore of low

priority. The Council has, however, this year completed the modernisation of the Pre-War houses at Main Road/Butterwick Road, Benington. The flow of sewage from these houses in addition to the immediately adjacent private houses is now drained to a pumping station and pumped to the head of the main sewer in Butterwick Village. Depth has been retained at this new station to receive the flow, at some future date, from the houses and bungalows now being erected in Hall Lane.

Skeldyke Road, Kirton.—A drainage scheme has been completed serving the Council houses and the immediately adjacent private houses in addition to two Industrial Undertakings. A Pumping Station has been constructed, and the flow pumped to the Council's sewer in Horseshoe Lane, Kirton.

Eley's Lane, Algarkirk.—A scheme similar to the Skeldyke Road scheme has been completed at Eley's Lane. The flow from this group of houses has been passed via the housing estate plant at Lee Avenue to the recently completed Sutterton and Wigtoft Drainage Scheme.

Grovefield Lane, Freiston (1936 Houses and Bungalows).—The houses and bungalows have been modernised and a new sewage Pumping Station constructed to serve this small group of houses. The flow is pumped to the sewers in Freiston Village.

Modernisation of Pre-War Properties.—Thirty-four Pre-War Council properties in the parishes of Benington, Fosdyke and Freiston have been modernised by the addition of bathrooms, w.c.'s and hot water systems during 1972.

SPALDING URBAN.

Certain sewer renewals in progress but no completions to report.

SPALDING RURAL.

In December 1972 the Quadring Public Sewerage Scheme was completed, this provides sewerage facilities to 173 properties.

Work was started on the Surfleet Public Sewerage Scheme in the Spring of 1972.

Work on the Crowland Sewage Works Extension was commenced in the Autumn of 1972.

EAST ELLOE RURAL.

Surface water drainage scheme in progress for central area of Holbeach to alleviate flooding. At the same time all sewerage is being disconnected from the old combined foul and surface water sewers and connected to the new foul sewers.

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